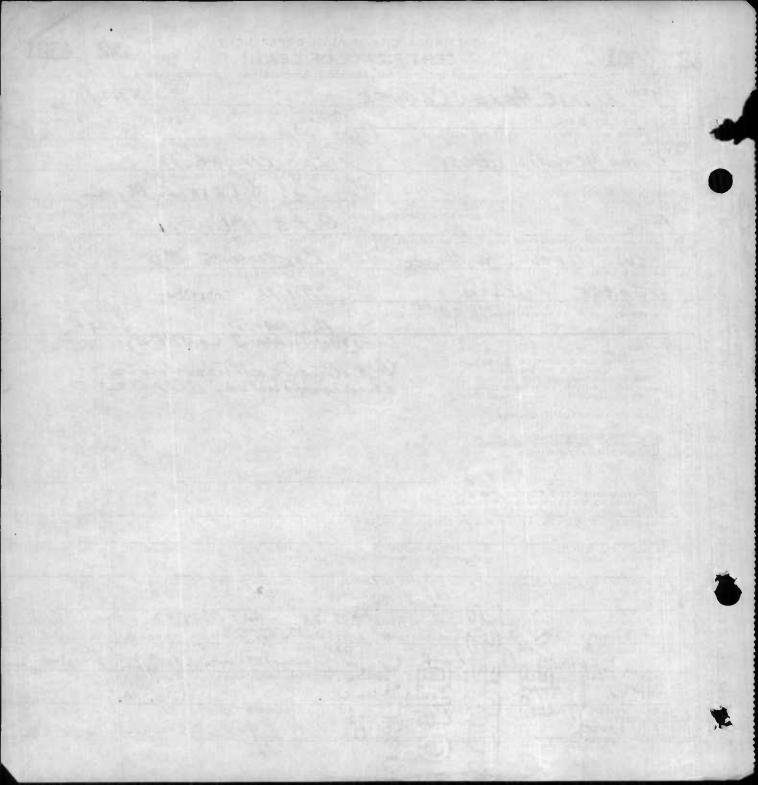
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BALTIMORE CITY HEALTH DEPARTMENT

Registered	5	2	4	501	L
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ME	RTH NO.	L		CERTIFICATI	- OI DEATH	1	
1. (T	NAME OF D	VIVVIC II	ELEN	CONNER		2. DATE OF DEATH 57	12/52
3.	PLACE OF D Baltimore (EATH: City, Maryland	THE		4. USUAL RESIDEN	CE (Where deceased lived, I	f institution: residence before admission)
В.	FULL NAME		tal or institut	ion, give street address or location)	MD	North	
	SPITAL OR	Men.o.	. 11-		c. CITY OR TOWN		its, write RURAL and give township)
-	UNION	MEMORIA	L Ho.	Trs.	BALTIF	S (If rural, give location)	2000
c.	Length of s	tay in Baltimore		Mos. Days	526 A	0 - 7-	IVE
5.	SEX	6. COLOR OR RACE	7. SINGL WIDOV	E, MARRIED, /ED, DIVORCED (Specify)	OCT 5	9. AGE (In years last birthday)	if Under 1 Year If Under 24 Hours fonths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind o	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF
wor	0.0	of working life, even if retired	at 1	Name	BOLTIM	ORE MD	WHAT COUNTRY?
13	FATHER'S	NAME			14. MOTHER'S MAID	EN NAME	
	GEO		TSCH		ANNA	Schreiber	
15 (Ye	s, no or nuknown)	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
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z		ANTECEDENT CAC	1323	(B)			
5		S OR CONDITIONS,					
RTIFICATION	UNDERL	YING CONDITION	AST.				
F			-	(C)	***************************************		
E	OTHER	II SIGNIFICANT CONI	DITIONS CO	N .			
ш	TRIBUTIN	G TO THE DEATH, BU	NOT RELAT	ED			
U		OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL		0					YES NO
EDI	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i farm, factory, atreet, office bldg.,			, give exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID I	NJURY OCCUR?	
			m.	WHILE AT WORK AT WORK		IN STATE OF THE PARTY OF THE PA	
1	22. I herel	ou certify that I a	tended the		8 28 1952	40 MAY 12, 19.	that I last saw the
	deceased a	live on May	2 19 52	and that death occur	rred at 5:57	rom the causes and on	the date stated above.
	23A. SIGNA		0	W.D. 2	ADDRESS THE	morial Hass	S-/H-SIGNED
	4A. BURIAL.		1	24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (Vity, tow	on, or county) (State)
	ON BEMOVAL C			Druid Ridge	Cem.	Pikeaville. Md	
	ATE RECEIVE		S SIGNAT	UHA/11 . LAG	35 FUNERAL DIREC	CTQ. /. /	ADDRESS
1	MAY 1	2 1952 Thur	lington	Victuality, Age	· //m.	Sokener	Topis
=	VS 150		-0		0000	1	



BALTIMORE CITY HEALTH DEPARTMENT

MAY 2 1952 VS 150

ohn A. Moran

ADDRESS

before admission)

If Under 1 Year

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

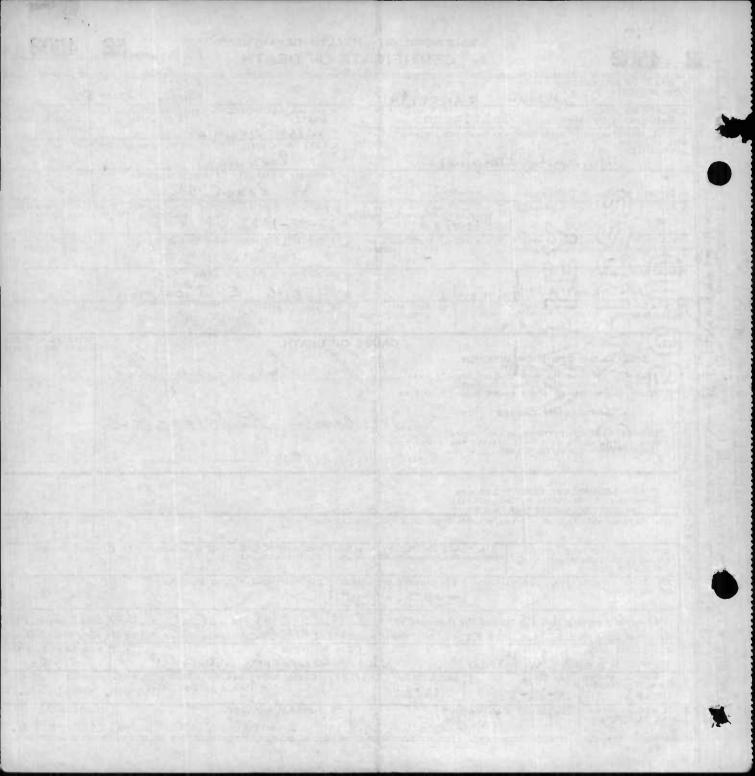
INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

3000 E. Baltimore St.



Registered No.

1. NAME OF DECEASED (Type or Print)

SADIE R. HENDERSON

2. DATE DEATH May 10, 1952

3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF

(If not in hospital or institution, give street address or Wheeler Nursing Home

A. STATE Md.

c. CITY OR TOWN Baltimore

(If outside corporate limits, well R. IR A. and give

1700 Park Ave.

Yrs. D. STREET ADDRESS 207 Southway Days

17. INFORMANT

CAUSE OF DEATH

(If rural, give location)

B. COUNTY

4. USUAL RESIDENCE (Where deceased lived, If institution : residence

5. SEX female

18.

information should be confidently and leg

causes

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UNFADING Physicians:

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write

RESERVED

INSTITUTION

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH Oct. 10, 1869 9. AGE (in years) If Under 1 Year last birthday) Months Days Hours Min.

IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

c. Length of stay in Baltimore

108. KIND OF BUSINESS OR INDUSTRY

home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

before admission)

Housewife 13. FATHER'S NAME

John Hoopes

16. SOCIAL

14. MOTHER'S MAIDEN NAME Mary E. Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yos, no or nnknown) (If yes, give war or dates of service) (Yes, no or nnknown)

SECURITY NO.

Mrs. Lilian H. Lee - Short Hills, N. J. INTERVAL BETWEEN

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

21c. WHERE DID

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING

21B. PLACE OF INJURY (e. g., in or about bome, farm, factory, street, office bidg., etc.)

INJURY OCCUR?

(If in Baltimore City, give exact location)

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT NOT WHILE

21F. HOW DID INJURY OCCUR?

deceased alive on King 10, 19 & 2 and that death occurred at

AT WORK 22. I hereby certify that I attended the deceased from.

24c, NAME OF CEMETERY OR CREMATORY

1926 to may lo, 1957 that I last saw the _m. from the earlscs and on the date stated above. 23c. DATE SIGNED

23A. SIGNATURE 24B. DATE 23B. ADDRESS

24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial DATE RECEIVED BY LOCAL REGISTRAR

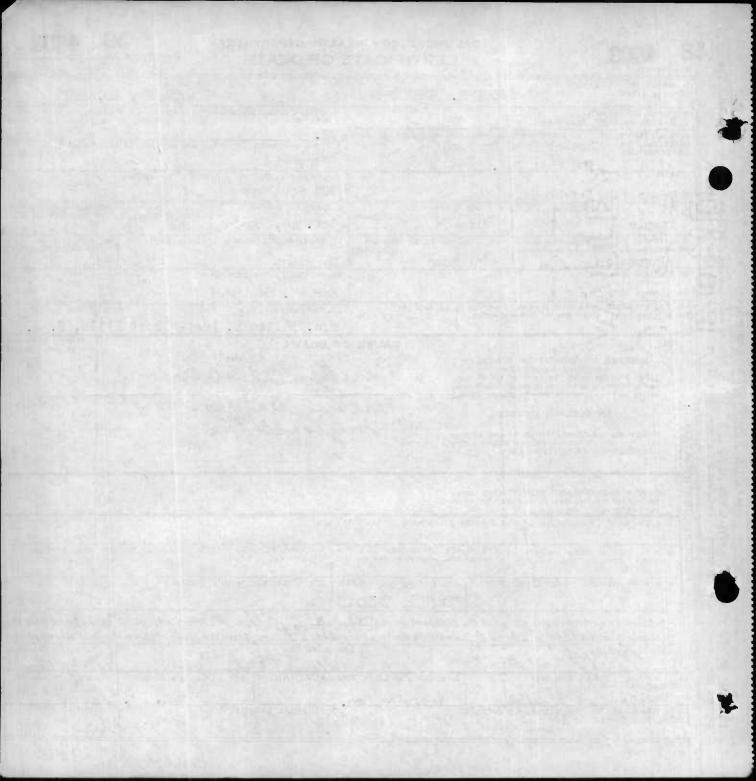
REGISTRAR'S SIGNATURE

Goodlawn 25 FUNERAL DIRECTOR

ADDRESS

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2	4504			TIMORE CITY HE	EALTH DEPARTMENT OF DEATH	Registered	52 IN	4504	1
1.	NAME OF DI ype or Print)		ZABETH	HOBBS		2. DATE OF Me	y 11,	1952	
	PLACE OF DI		ZADE III	HODDS	4. USUAL RESIDENCE A. STATE		If institut		
B. HO	FULL NAME OSPITAL OR STITUTION	0 /	rsing Ho		Maryland	none (If outside corporate lin		BORAL a	
c.		tay in Baltimore		75 Yrs. Mos. Days	D. STREET ADDRESS 3502 Clifto				
1	female	6.COLOR OR RACE	7. SINGLE WIDOW Sing	MARRIED, (ED, DIVORCED (Specify)	8. DATE OF BIRTH Oct. 30, 1871	9. AGE (ln years last birthday)	Months D	ays Hours	1 24 Hous Min
10 work	A. USUAL OCC doneduring mosto chooltea	CUPATION (Give kinds of working life, even if reide cher-ret.yr	Balto.	OF BUSINESS OR	11. BIRTHPLACE (State of Carroll Count		12. CI W	TIZEN OF	NTRY
		iam M. Hobbs			Fannie A. Bar				
15 (Ye	, WAS DECEASE , no or nnknown)	D EVER IN U. S. ARMI (If yes, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. M. Alice F	etterhoff-350	ADDRES		lve.
	(This does heart failu	SE OR CONDITION LEADING TO DE, not mean the mode re, asthenia, etc. It me complication which	ATH of dying, e. s cans the diseas	c, (A)	of DEATH	lo-Myororo	ON	SET AND	DEATI
Z		ANTECEDENT CAU	ISES		rteresselv	rais		,	
RTIFICATION	RISE TO T	GOR CONDITIONS, HE ABOVE CAUSE (A VING CONDITION L) STATING TH	oue to Cere	rteresselv biel apopl	ry	5.	mo.	40
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		the second secon		FINDINGS OF OPER	RATION		100	O. AUTOI	PSY?
DICA		ENT WAS UNDER	1 1 . 1 . 1	ACE OF INJURY (e. g., i	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City	y, give exa	act locatio	n)

Smo. apd 20. AUTOPSY YES give exact location) CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from Re may 11, , 1952, that I last saw the 19.52, and that death occurred at 12:45 A.m., from the causes and on the date stated above. May 7 deceased alive on_ 23B. ADDRESS 23c. DATE SIGNED 23A SIGNATURE

3300 W. North Avenue 5 - 1224c. NAME of CEMETERY or CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

Loudon Park

- 13 - 52 Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Baltimore, Md. ADDRESS 25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc. - 1900 Eutaw Place the words - have - Myriadia arthursonia Buckey more Contract to the contract of th Marian C. Water

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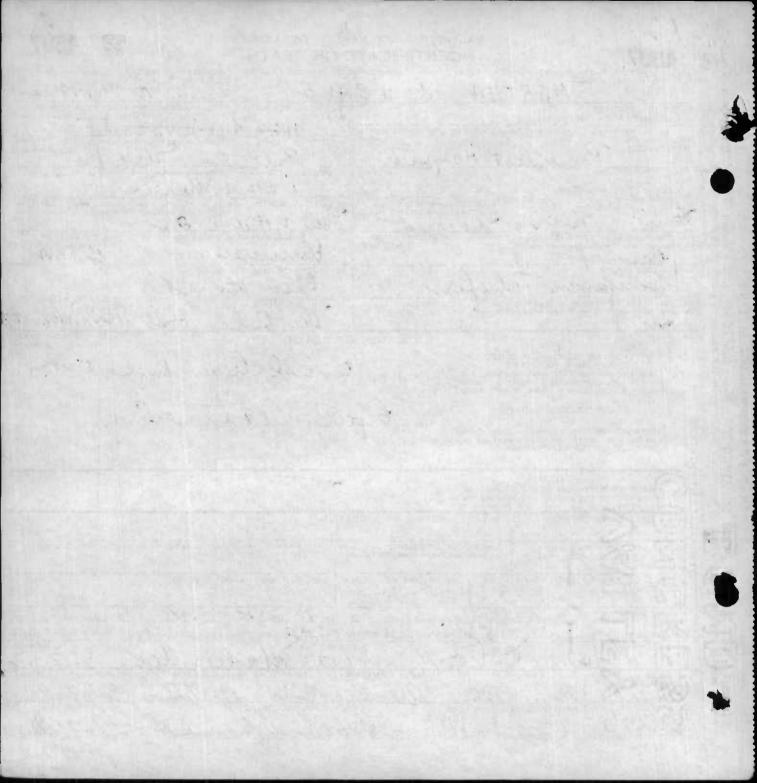
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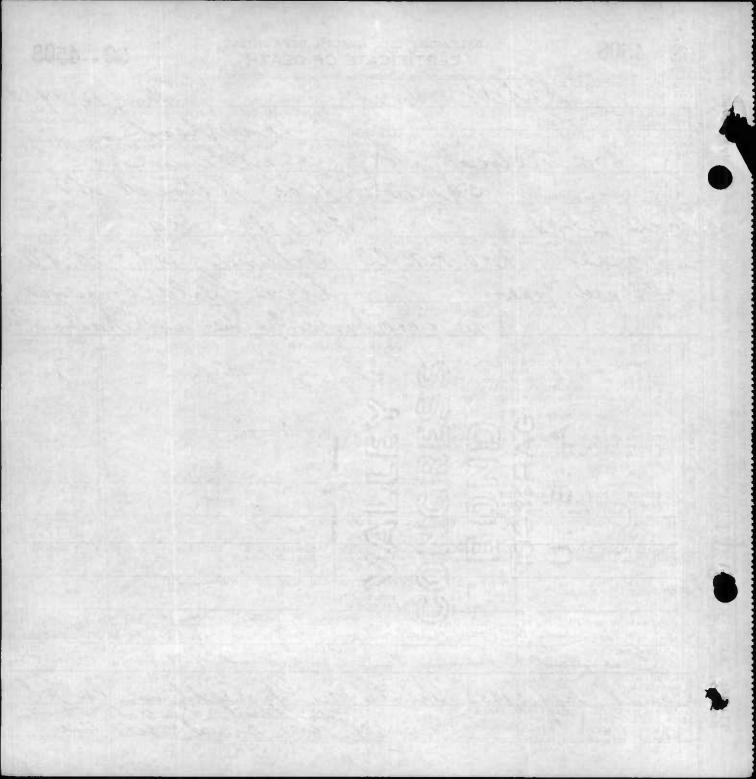
BI	IRTHING.UU								
			2. DATE						
(T	ype or Print) Catherine	M. Fischbach	OF May 11,1952						
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)						
В.	FULL NAME OF (If not in hospits	il or institution, give street address or	Md.						
IN	ISTITUTION		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
1	610 Glenold		Baltimore 19						
		Yrs.	D. STREET ADDRESS (If rural, give location)						
		Life Days	310 Glenolden Ave.						
5.	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years il Under 1 Year il Under 24 Hours Iast birthday) Months; Days IIours Min.						
	FW	W	Oct.12.1877 74						
10	A. USUAL OCCUPATION (Givekind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF						
WOI 2	None	None	Baltimore USA WHAT COUNTRY?						
13			14. MOTHER'S MAIDEN NAME						
	Louis H. Wissner		Marie . Munch						
15	. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL	17. INFORMANT ADDRESS						
(Ye	NO (If yee, give war or detection NO	security No.	Carl Fischbach 610 Glenolden Ave.						
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LEADING TO DEATH									
	heart failure, asthenia, etc. It means the disease,								
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N	DISEASES OR CONDITIONS, IF ANY, GIVING								
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L	19A. DATE OF OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?						
CA CA			YES NO						
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Σ		(Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?						
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	22. I hereby certify that I attended the deceased from 19, 19, to with 1, 19, that I last saw the								
	10000		red at 15 P.m., from the couses and on the date stated above. 38. ADDRESS 123c. DATE SIGNED						
	wo michel	М. D.	1015 Poplar Front St May 12/962						
24 TIC	4A. BURIAL, CREMA- ON REMOVAL (Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24d. LOCATION (City, town, or county) (State)						
1	Burial 5.14.52	Western	Baltimore						
D		S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS						
	MAY 19 1952 Tuntu	you Williams, his	John T. Stanbury 2700 Edmondson Ave.						
	VS 150	0							
	MEDICAL CERTIFICATION SAL CONTROL OF THE PROPERTY OF THE PROPE	S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital OR INSTITUTION) GLO GLENOLO C. Length of stay in Baltimore 5. SEX G. COLOR OR RACE F 10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) NONE 13. FATHER'S NAME LOUIS H. WISSNET 15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or deteating or complication which even in jury or complication with even in jury or complication with even in jury or complication or complication or complication with even in jury or complication or co	(Type or Print) S.PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION GLO GLENOIDE Ave. Yrs. Mos. Davs S. SEX G. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify) WW. 10A. USUAL OCCUPATION (Givekindor work done during most of working life, even if retired) WORK Once during most of working life, even if retired) NONE 13. FATHER'S NAME LOUIS H. WISSIEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or detee of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or compileation which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER LYING OR CONTRIBUTING bout home, farm, factory, street, office bldg. AT WORK						

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ASE WRITE PI z age is especia		N REMOVAL		248. DATE	Mine	24c. NAI	ME OF CEMET	ERY OR CRE	MATORY 241	D. LOCA	TION (City, t	town, or eo	unty) (State)
	D		D BY	REGIS RA	R S SIGNAT	URE	ANDRE	25, FUNE	RAL DIRECTO	OR	Umore	AD.	DRESS .
P		MAY 72	1952	Hunt	inston	Willis	MA- 153	Holla	nd Fa	nera	I Hon	e-/	63/ Duice
		VS 150			0			9 5				14	tellare.



BALTIMORE CITY HEALTH DEPARTMENT Registered 12 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATHINA 4. USUAL RESIDENCE (Where deceased lived, Winstitution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR astion) INSTITUTION Yrs. Mos. c. Length of stay in Baltimore Days If Under 1 Year RRIED If Under 24 Hours SINGLE, WARRIED. WIDOWED DIVORCED (Specify AGE (in years last birthday) Months: Days Hours: Min. USUAL OCCUPATION (Givekind of 12. CITIZEN OF work done during most of working life, even if retired) WHAT COL information s of death cle man 15. WAS DECEASED S. ARMED FORCES? 16. SOCIAL SECURITY NO 6-9549 NTERVAL BETWEEN Every item CAUSE DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: UNDERLYING CONDITION LAST. MARGIN RTIFI (C) 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 6 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE 195°2-10 hay 10 1957 that I last saw the 22. I hereby certify that I attended the deceased from. deceased atte on 14. 1952 and that death occurred atm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF TION- REMOVAL (Spenis DATE RECEIVED BY TRAR'S SIGNATURE REGL LOCAL REGISTRAR VS 150



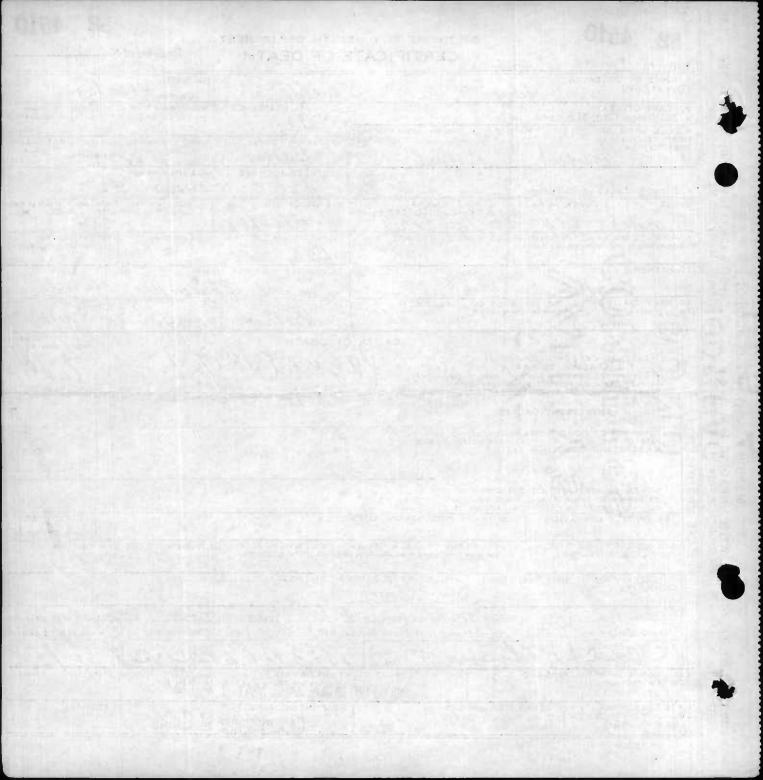
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y Lipplied.	B. HO	FULL NAME	City, Maryland OF (If not in hospit		tion, give street address of location	A. STATE	Md. B. COUN	te lights, write RURAL and give
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be ld lk		Length of s	tay in Baltimore		Mos. Days E. MARRIED.	8. DATE OF BIRTI		ears If Under 1 Year If Under 24 Hours
nould rly ar	10	A. USUAL OC	CUPATION (Give kind of		S OF BUSINESS OR	July 14, 19	43 last birthda 8 State or foreign country)	Months Days Hours Min.
NDING information should be	worl	schoolt	f working life, even if retired)		INDUSTR		Md.	WHAT COUNTRY U.S.A.
NG ormatic death		Robert Cook					Antoinette	Struck
R BINDING em of inform causes of des	(Ye	a, no or unknown)	(If yos, give war or date	of service)	16. SOCIAL SECURITY NO.	Antoinette	Struck Cook, m	address nother, above
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the cau	IFICATION	(This does heart failuinjury or DISEASES	LEADING TO DEA' not mean the mode or re, asthenia, etc. It mea complication which of ANTECEDENT CAUS GOR CONDITIONS, I HE ABOVE CAUSE (A)	TH of dying, e., ns the disease caused death SES F ANY, GIVIE STATING TI	B., (A) Acut		tic Leukem j	ONSET AND DEATH
MA UNFA Physic	CERT	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	ED			
ht .	CAL	19A. DATE O	F OPERATION 0 1		FINDINGS OF OPE			20, AUTOPSY?
Y, WIT	MEDIC		ENT WAS UNDER- R CONTRIBUTING DEATH	about home,	ACE OF INJURY (e. g., farm,factory,street, office bldg	,etc.) INJURY OCCU		City, give exact location)
É		21D. TIME (OF INJURY	Month) (Day) (Year)		21E. INJURY OCCUR. WHILE AT NOT WHILE WORK AT WORK		INJURY OCCUR?	
WRITE PL		22. I hereby deceased al	ive on Mdy 4	ended the	deceased from Md and that death occu	7 5, 195. rred atl. 70 p.m.		, 19 Sthat I last saw th d on the date stated above
ASE WR	24 TIC	ia. Burial, C DN, REMOYAL (S Burial	REMA- 248. DATE		M. D. 24c. NAME OF CEMET HOLY Redeemer	ERY OR CREMATORY		5-9-52
PI 7	D	ATE RECEIVED CAL REGISTI	BY REGISTRAR			Schimunek	ECTOR Funeral Home, Madison St.	Inc.
	3	VS 150		0	- continue , as	4 5 0 ?		

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township)

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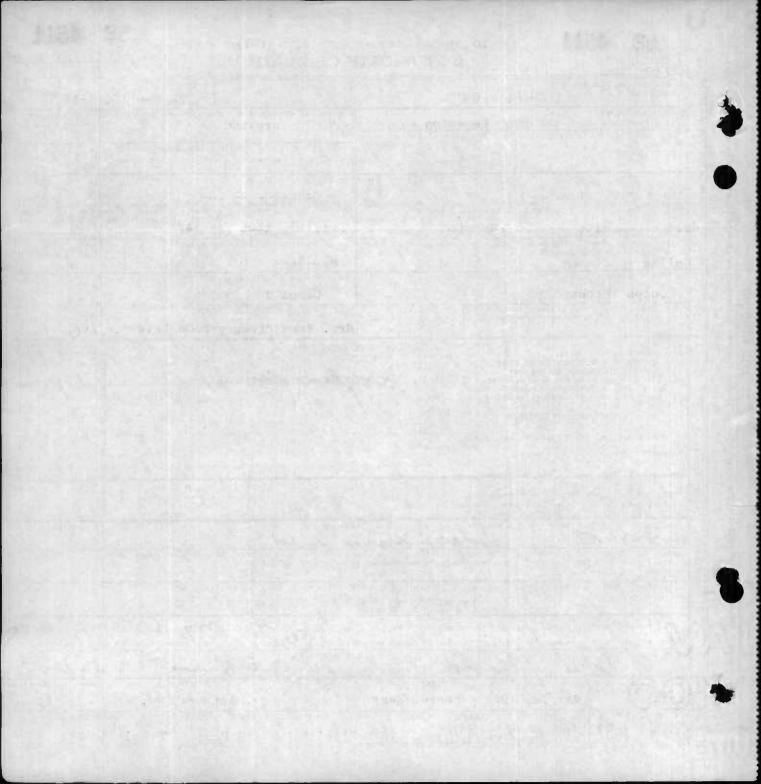


BIRTH NO

1. NAME OF DECEASED

Registered No.

1. NAME OF DECEASED (Type or Print) LFON L	. PEROUTY		of DEATH May 10,	1952
3. PLACE OF DEATH: A. Baltimore City, Maryland 33	308 Leverton Ave.	4. USUAL RESIDENCE (W		
B. FULL NAME OF (If not in hospita HOSPITAL OR INSTITUTION	d or institution, give street address or location)		outside corporate limits, w	rite RURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDRESS (If r		
5. SEX 6. COLOR OR RACE Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 21, 1905		1 Year If Under 24 Hours Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler repairmen 13. FATHER'S NAME	IOB. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or fo		CITIZEN OF WHAT COUNTRY?
Adolph Perouty		14. MOTHER'S MAIDEN NA Caroline Zimm		
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or nnknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Mary Perouty	3308 Leverton	
CThis does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which can antecedent cause antecedent cause antecedent cause (a) subject to the above cause (a) subject to the above cause (a) subject to the above cause (b) subject to the above cause (c) subject to the above cause (d) subject to the above cause (as the disease, aused death.) DUE TO ES ANY, GIVING STATING THE DUE TO GT. (C)			
U TO THE DISEASE OR CONDITION	21B. PLACE OF INJURY (e. g., is about home, filtrm, factory, street, office bldg., 6	n or Jic. WHERE DID (To obt.) NJURY OCCUR?	in Baltimore City, give	20. AUTOPSY? YES NO exact location)
22. I hereby certify that I atte	m. WHILE AT NOT WHILE AT WORK	9uly 1938 to	may 10, 195211	hat I last sam the
deceased alive on may 10 23A. SIGNATIONE	4, 1952, and that death occur	hed at 95 gm., from the 38. ADDRESS	e eglises and on the d	late stated above. 3c. DATE SIGNED 5-12-52
248. DATE TION. REMOVAL (Specify) Burial May 13,	1952 Sacred Heart		imore, Md.	ouaty) (State)
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR'S	1: 11/11: "	25. FUNERAL DIRECTOR Ullrich Funeral H		ns St.
VS 150	503 8	C4		



52 4512

May 10, 1952

1. NAME OF DECEASED 2. DATE (Type or Print) ROBERT OLIVER WATERWORTH DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland 2618 L. Monument St., B. COUNTY Maryland (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. p. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 2618 E. Monument St., on should be clearly and le Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify 9. AGE (In years | H Under I Year | M Under 24 Hours last birthday) | Months: Days | Hours: Min. Vidov.ed 8, 1866 White 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR work dooe during most of working life, even if retired) INDUSTR' information of death cle Painter Steamship Co. Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Waterworth Ellen ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, oo or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, oo or unkoowo) SECURITY NO. No. Mrs. Fredericka Wikman 2618 L. Monument St. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every write th (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. I

ONSET AND DEATH

before admission

it Under 24 Hours

WHAT COUNTRY?

12. CITIZEN OF

U.S.A.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

22. I hereby certify that I attended the deceased from

REGISTRAR'S SIGNATURE

20. AUTOPSY

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

about bome, farm, factory, street, office bldg., etc.)

21B. PLACE OF INJURY (e. g., io or

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED NOT WHILE!

1952 to deceased alive on Vlace 10, 19 53, and that death occurred at Pm., from the causes and on the date stated above.

Pikesvillem. Md.

23A. SIGNATURE

24B DATE

24c. NAME OF CEMETERY OR CREMATORY

23B. ADDRESS

24D. LOCATION (City, town, or county)

(If in Baltimore City, give exact location)

23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial May 13, 1952

Druid Ridge

25. FUNERAL DIRECTOR

21c. WHERE DID

INJURY OCCUR?

ADDRESS

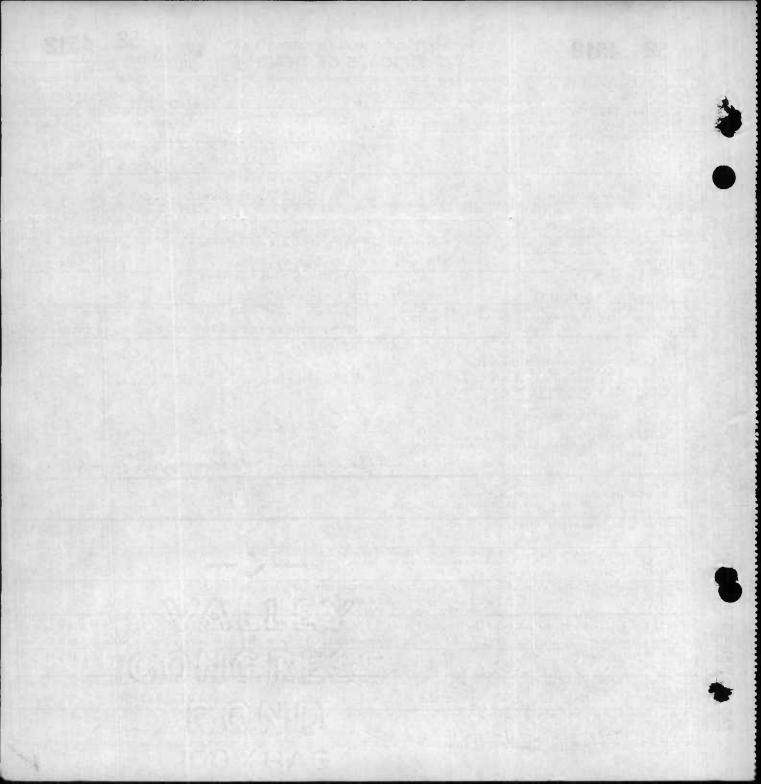
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Ullrich Funeral Home 2008 Orleans St.

VS 150

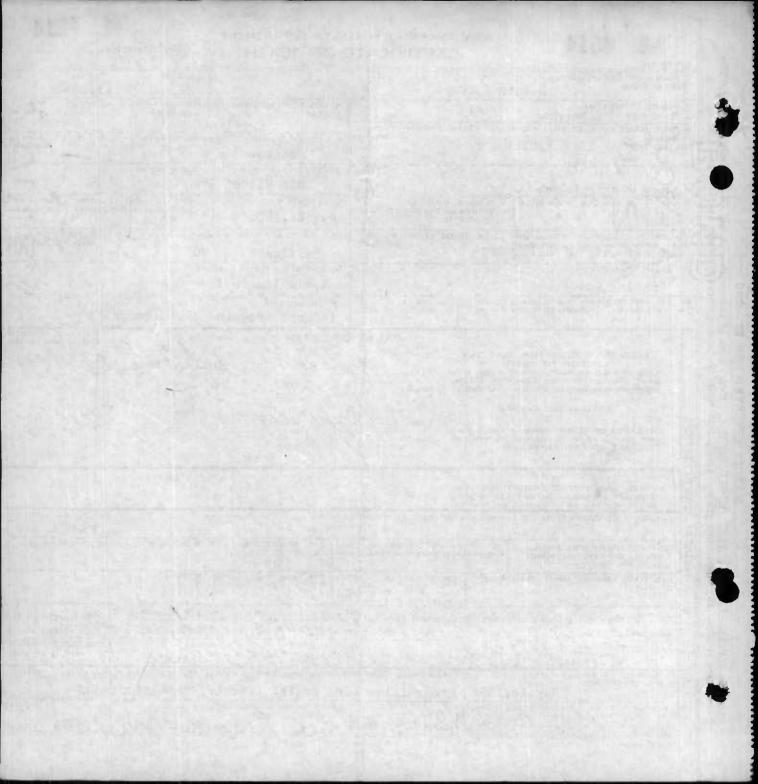
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Dr. illiam V. Lovitt, Jr.,

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		4514			EALTH DEPARTMENT E OF DEATH	Registered :	2 4514 No		
1.	NAME OF Type or Print)		nan Goodman			2. DATE OF May	11,1952		
	PLACE OF Baltimore	DEATH: City, Maryland			4. USUAL RESIDENCE (institution : residence before admission)		
B. H	FULL NAMI OSPITAL OR NSTITUTION	OF (If not in hospi	tal or institution, give set Ave	c. CITY OR TOWN (I		ts, write RURAL and give township)			
le Ay	Length of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 2913 Viloet Ave				
an	sex Male	6.COLOR OR RACE	7. SINGLE, MARRI		Aug 81,1908	43	M Under 1 Year It Under 24 Hours on the Days Hours Min.		
clearly	La borer	CCUPATION (Give kind of yorking life, even if religed to the control of the contr	108. KIND OF BUS	INDUSTRY	11. BIRTHPLACE (State or Baltimore	foreign country) Md	12. CITIZEN OF WHAT COUNTRY?		
death	B. FATHER'S Dani	NAME el Goodman/			14. MOTHER'S MAIDEN N Katie Itzacovi				
44 15	5. WAS DECEA	SED EVER IN U. S. ARMI (If you, give war or dat		CIAL CURITY NO.	17. INFORMANT Isadore Goodmer		k Road		
Physicians: please write CERTIFICATION	RISE TO UNDER	ES OR CONDITIONS, THE ABOVE CAUSE (A LYING CONDITION L II SIGNIFICANT COND	IF ANY, GIVING) STATING THE DUI AST.	в) — ДД E то ()	ypertines	ni	1950		
Phy	TO THE	DISEASE OR CONDITION		ICC OF OBER			20. AUTOPSY?		
11 1	ISA, DATE	OF OPERATION	198. MAJOR FINDIN	IGS OF OFER	ATTON		YES NO		
mportant.	CAUSE O	DENT WAS UNDER- OR CONTRIBUTING F F DEATH (Month) (Day) (Yea			etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)		
ially	OF INJUR		m. WHILE AT	NOT WHILE		- farl	-2		
e is especial		eby certify that I are alive on 5/10	tended the decease	t death ofcur	10, 19, to rred at 10 4 5 m., from 13B. ADDRESS 2145 N 9 c		that I last saw the the date stated above.		
00 2	4A. BURIAL, ON, REMOVAL	(Specify)		ME OF CEMETE	RY OR CREMATORY 240.	LOCATION (City, town			
corre	Burial ATE RECEIVOCAL REGIS	ED BY REGISTRA	S SIGNATURE	us-, M.	25. FUNERAL DIRECTOR		ADDRESS 1,26W Mathane		
	VS 150		Q.	97	093				



ZIA. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH rec

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY

WHILE AT 22. I hereby eertify that I attended the deceased from_

deceased alive on 5 - /2 -. 19 and that death occurred at le 23A. SIGNATURE

23B. ADDRESS

JOHNS HODKING MOCRITA 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE may

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

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VS 150

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52 4515

before admission)

If outside corporate limits, wr te RURAH and give

(If rural, give location)

If Under I Year last birthday) Months Days Hours Min. 12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

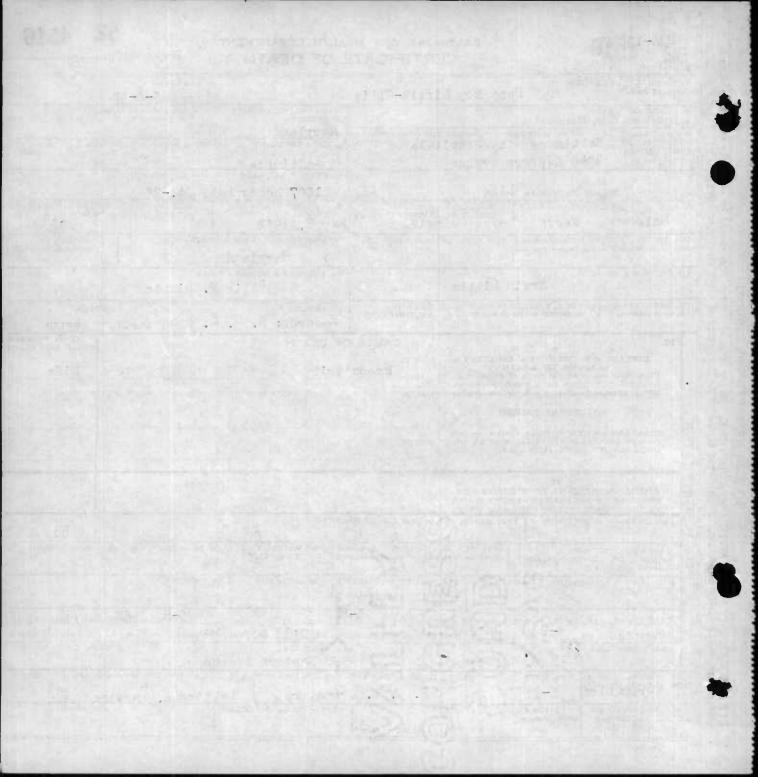
ADDRESS JOHNS HODVING HOSDITAL

21F. HOW DID INJURY OCCUR?

20. AUTOPSY

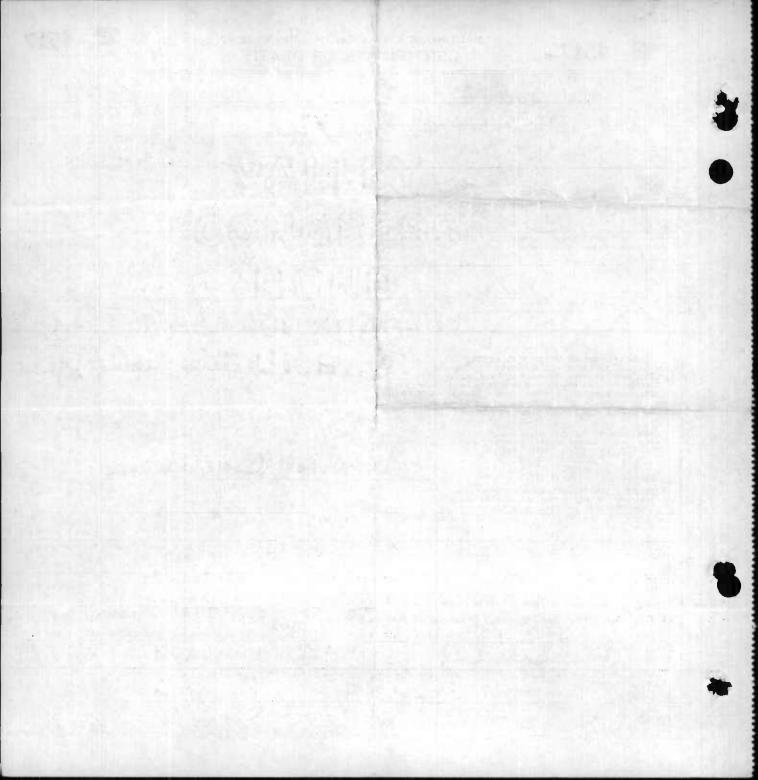
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m. from the eauses and on the date stated above. 23c. DATE SIGNED



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52 4517	BALTIMORE CITY HEALT		Registered No	4517
BIRTH NO.	CERTIFICATE C	OF DEATH	itegistered ito	
1. NAME OF DECEASED	, ()		2. DATE	
(Type or Print) ON 10, 51	u A Freeman			1-1952
3. PLACE OF DEATH:	11.0.1 1 51 14.		here deceased lived. If Instit	
A. Baltimore City, Maryland Z		STATE	B. COUNTY	before admission
B. FULL NAME OF (If not in hospi HOSPITAL OR	tal or institution, give street address or location)	CITY OR TOWN (If o	outside corporate limits, wri	ite RURAL and giv
INSTITUTION	/	19-1-	J - 6	township
000	, Y	Daliner	ural give leastion)	20
	Yrs. D.S.	TREET ADDRESS (If r	urar, give location)	
c. Length of stay in Baltimore	Detts	461 Westp	mar.	5 V 1 H II 4 04 II
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, 8. D. WIDOWED, DIVORCED (Specify)	ATE OF BIRTH	9. AGE (in years H Under last birthday) Months	Days Hours Min
Male White	andrived de	er30,1878	81	
10A. USUAL OCCUPATION (Give kinds		BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY
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13. FATHER'S NAME	14/	MOTHER'S MAIDEN NA	ME	V
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15. WAS DECEASED EVER IN U. S. ARME	unan c	mue jone.		
(Yes, no or unknown) (If yes, give war or dat	ED FORCES? 16. SOCIAL 17.	INFORMANT.	ADDR	ESS , aux
	2.20-12-6149 M	s. Hilliam N.	Jeun 3619 Ed	mondson
18. 331LY	CAUSE OF	DEATH		INTERVAL BETWEE
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LEADING TO DE	ATH	new and	upoutou	Leav
(This does not mean the mode heart failure, asthenia, etc. It me			*40*4*4*4**4************	29
injury or complication which	caused death.) DUE TO			
ANTECEDENT CAL	JSES			
Z	(B)		***************************************	
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OTHER SIGNIFICANT CON	10/			4
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O TO THE DISEASE OR CONDITION		NA1		20. AUTOPSY?
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPERATIO	714		YES NO
U CALL ACCUPENT CHICLE	21B. PLACE OF INJURY (e.g., in or	21c. WHERE DID (I	f in Baltimore City, give	
O HOMICIDE (Specify)	about home, farm, factory, street, office bldg., etc.)	INJURY OCCUR?	in paramore only give	
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22. I hereby certify that La	ttended the deceased from			
deceased alive on	1950 and that death occurred	at,m., from ti	ie causes and on the a	30 DATE SIGNED
23A. SIGNATURE	la lold	ADDRESS AND	wall	4/15 15
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TION REMOVAL (Specify)	1 1 1	//	// 4 6	and I
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	Alan Harry	11/1/1/1/1/1/1/1/	JJII (AMUNUA)	sou lures



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1		1020		LTH DEPARTMENT	Registered 2	4518	
The	BIRTH NO. CERTIFICATE OF DEATH Registered No.						
T.	1. (T	NAME OF DECEASED Spe or Print) Thompson Julia			2. DATE OF DEATH 5	.9.52.	
egiony.	A.	PLACE OF DEATH: Baltimore City, Maryland Baltim		4. USUAL RESIDENCE (WA. STATE	here deceased lived, If	institution : residence before admission)	
	B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Yrs. Mos. C. Length of stay in Baltimore B. FULL NAME OF (If not in hospital or institution, give street address or location) Yrs. Mos. Days					ts, write RURAL and give township)	
				O. STREET ADDRESS (If r	Sh. # 2		
and l	5. SEX 6. COLOR OR RACE 7. SHNGBE, MARRIED. WHOWED, DIVORGED (Specify)			8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Hours onths Days Hours Min.	
information should s of death clearly an	10 work	done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?	
ior h c	13	FATHER'S NAME	Nory &	14. MOTHER'S MAIDEN NA	ME		
deat		Guy Finneforck			HENSEL		
of inferses of	(Yes	s. no or nnanown) (If yes, give war of dates of service)	SECURITY NO.	17. INFORMANT Vary Lindry	€ 728 €.	Bulto. ST.	
		18. 581.0	CAUSE O	F DEATH		INTERVAL BETWEEN	
		DISEASE OR CONDITION DIRECTLY		Q -1	- 1/	ONSET AND DEATH	
ンナ		LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) Ser	ue Jash	< Henron	Thek - 2 las	
Every write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	OUE TO			1	
	antecedent causes Dirrhosis Potal 540.						
NG INK.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.						
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UNFADING Physicians:	ER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED					
	U	19A. DATE OF OPERATION 19B. MAJOR FI	VDINGS OF OPERA	TION	************************************	20. AUTOPSY?	
It.	CAL	9				YES NO	
WITH important.	EDIC		OF INJURY (e. g., in a factory, street, office bldg., etc		f in Baltimore City,	give exact location)	
ië	Σ		INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?		
PLA. ecially		OF INJURY m. WHILL	RK L AT WORK L				
re Pr	deceased alive on the lattended the deceased from May 8, 195, to May 9, 195, that I last saw the						
E WRITE	_	4A. BURIAL SEENA 24B. DATE 24C		6138 Bull	tunn ft	23c. DATE SIGNED	
E7 .00	, or county) (State)						
THEN REMOVAL (Specify) 5/14/52 Shady Grove Clofotts burg n.C. DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR'S							
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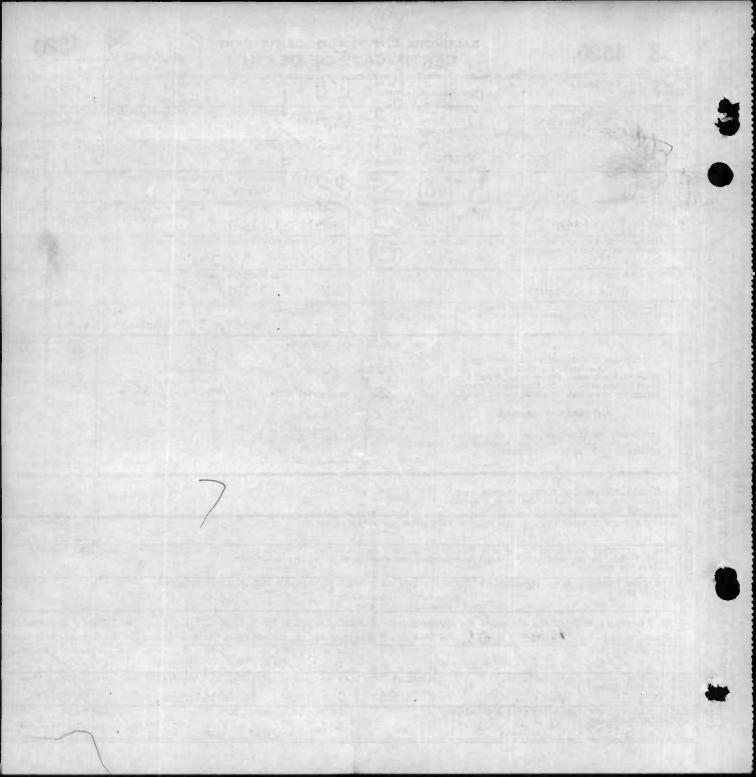
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BALTIMORE CITY HEALTH DEPARTMENT

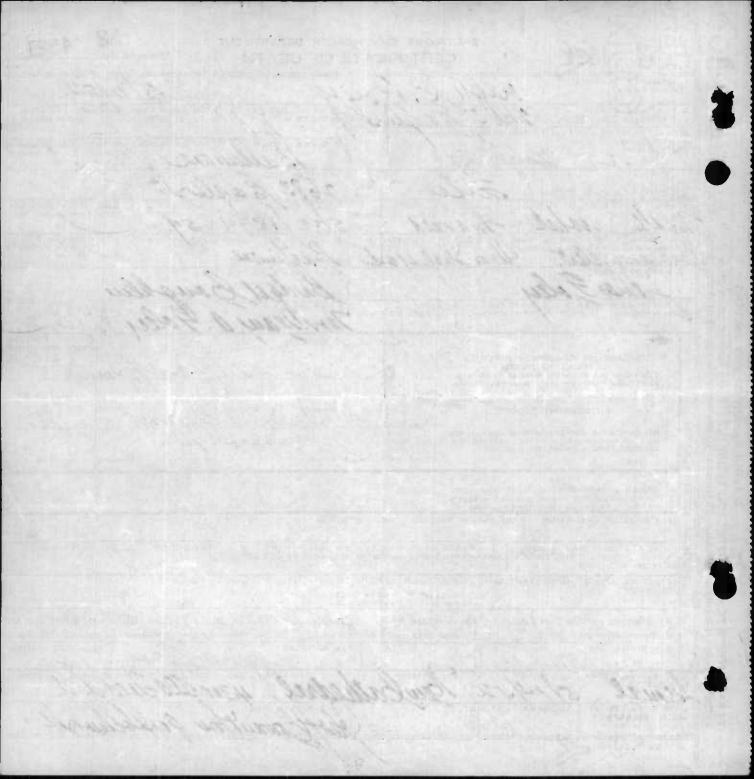
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egistered No.	USU

52 4. BIRTH NO.	520		CERTIFICAT	E OF DEATH	Registered	No.	CU
1. NAME OF D (Type or Print)		rtha E	dna Sands		2. DATE OF May	11, 195	2
3. PLACE OF DE	EATH: City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, I		esidence e admission
B. FULL NAME HOSPITAL OR INSTITUTION			ion, give street address or location) nue	Maryland c.city or town Baltimore	(If outside corporate lim		
c. Length of s	tay in Baltimore		Yrs. Mos. Dnys	D. STREET ADDRESS 3105 Vestwood			
female	6.COLOR OR RACE	WIDOW	e. married. /ed, divorced (Specify) Widowed	8. DATE OF BIRTH April 23, 188	9. AGE (In years last birthday) M	It Under 1 Year Ionths Days H	li Under 24 Hours Lours Min.
vork done during most of housew		own h	OF BUSINESS OR INDUSTRY	Baltimore, Man		12. CITIZEI WHAT	N OF COUNTRY
	mes Donovan			Mary A. Belb			
15. WAS DECEASE (Yes, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or date)	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Leroy B. Sand	s, 3105 Westwo	address od Avenu	е
heart failu injury or DISEASES RISE TO T	LEADING TO DEAT not mean the mode ore, asthenia, etc. It means complication which complication which complication which complication which complication which complication with the above cause (A) ING CONDITION LA	ns the diseas auscd death ES ANY, GIVIN STATING TH	DUE TO ALLE	inler te	Collages		***************************************
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22. I hereb deceased al		erpida the	and that death occur	red at 3 m., fro	m the causes and on		
24A. BURIAL.	nound,	Byc	els M.O.	3083 WHON	ran	3/17	52
tion REMOVAL (S	5/14/52		24c(NAME OF CEMETE Mt. Olivet	Cemetery 1	o. LOCATION (City, town		(State)
DATE RECEIVED LOCAL REGIST MAY 131		gton	Villiams, M.	Wm. Gol) 1217 St	. Paul S	treet

VS 150



52 4521 7	ALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	52 Registered No	4521
1. NAME OF DECEASED (Type or Print)	h. C. stoley.	2. DATE OF DEATH 5 11 5	2.
A. Baltimore City, Maryland 266 J	A. STATE	B. COUNTY	before admission
16-83 Elagle	Yrs. D. STREET ADDRESS (If	outside corporate limits, write	township
	Le Mos. 2683. 6aq.	9. AGE (In years) If Under I	
MA. USUAL OCCUPATION (Givekinder) 108. KIN	ND OF BUSINESS OR N. BIRTHPLAGE (State or for	57.	Days Hours Min.
done dueing most of working life, even if retired	Stock if and - 14. MOTHER'S MAIDEN N	MANUE OF THE PROPERTY OF THE P	OUNTRY
15. WAS DECEASED EVER IN U.S. RMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT	aughleis ADDRES	s R 3
18. 420.1	CAUSE OF DEATH	. Tolly Pa	TERVAL BETWEEN
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise	es. (A) Coronau	· marficieny	2/11/80
injury or complication which caused dea	teth.) DUE TO	201000	
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO Servel	Eged /	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED MARY		
194. DATE OF OPERATION 198. MAJO	OR FINDINGS OF OPERATION		ZO. AUTOPSY?
	LACE OF INJURY (e. g., in or le, farm, factory, street, office bldg., etc.) INJURY OCCUR?	f in Baltimore City, give ex	act location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY nn.	21E. INJURY OCCURRED 21F, HOW DID INJURY WHILE AT NOT WHILE WORK AT WORK	OCCUR1	
22. I hereby certify that I attended the deceased alive on 5 1952	and that death occurred at 7 m., from the	he causes and on the dat	t I last saw the e stated above PATE SIGNED
24. BURTAL, CHEMA- 24B. DATE TION REMOVAL Specify)	logo M.D. 20 30 Chell	COUP OUP 5	12/2
DATE RECEIVED BY REGISTRAR'S SIGNA'	TURE 22. FUNERAL DIRECTOR	CULL STEAK	RESS .
MAY 133352 Hatington 1	24 Med Surjegionalist.	w yersoellis	1942



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 4522

Registered No .-2. DATE OF DEATH May 12th. 1952 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) Maryland C. CITY OR TOWN (If outside corporate, limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 106 So. Ellwood Ave. 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Months Days | Hours Min. If Under 24 Hours 9-7-1871 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME Margaret Lechner 17. INFORMANT ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? ., that I last saw the ml., from the cayses and on the date stared above.

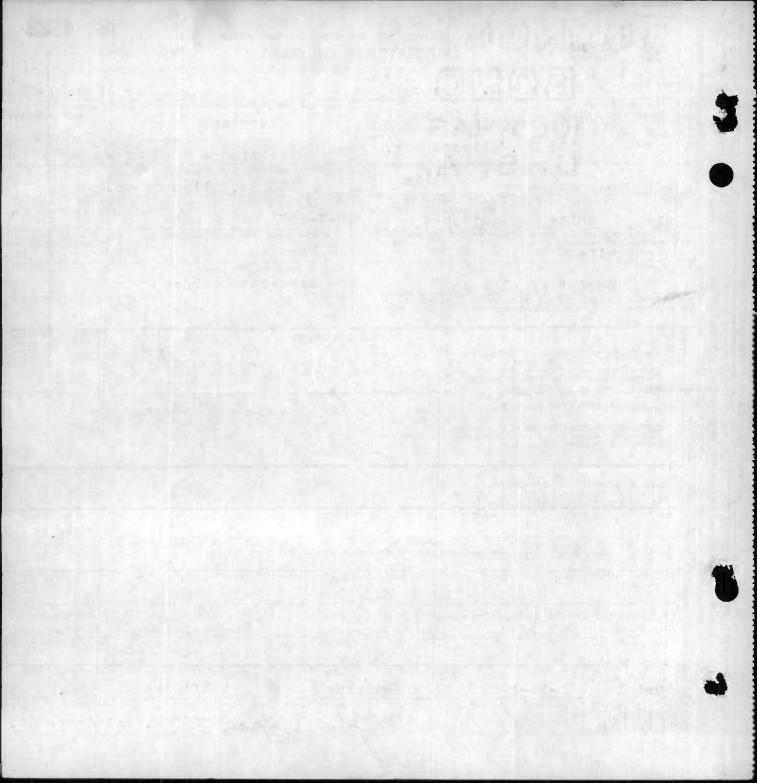
Baltimore

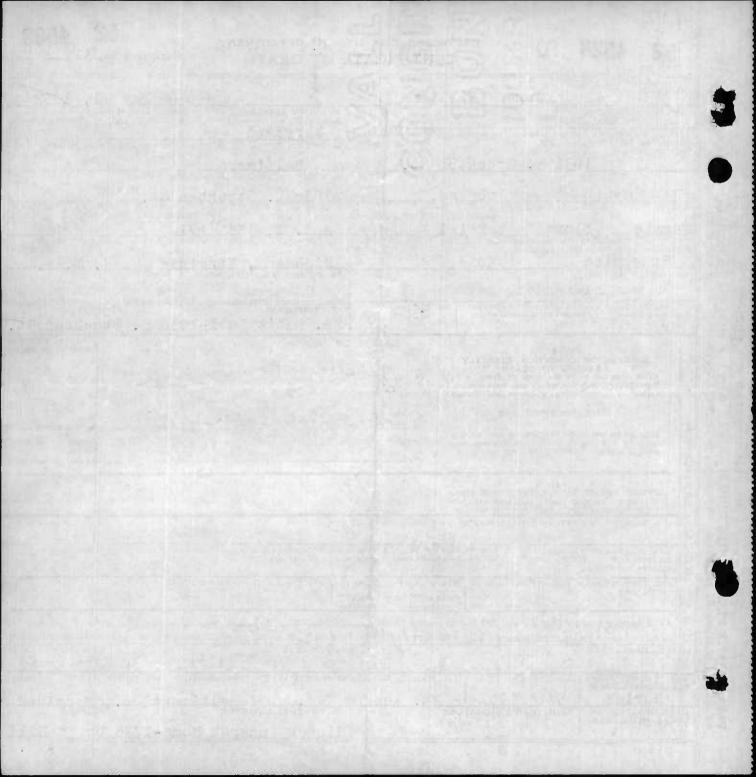
24D. LOCATION (City, town, or Jounty)

ADDRESS

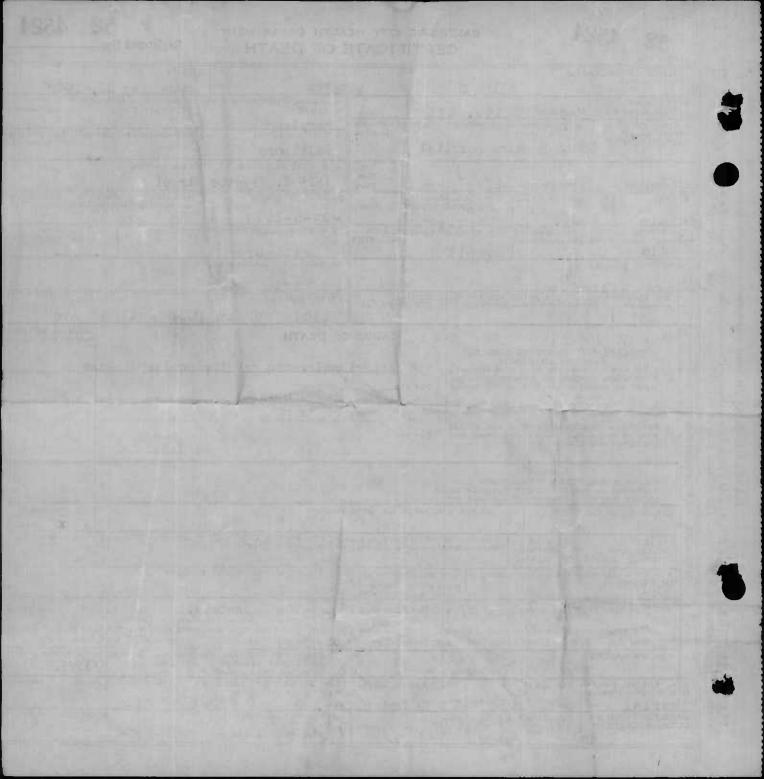
23g. DATE SIGNED

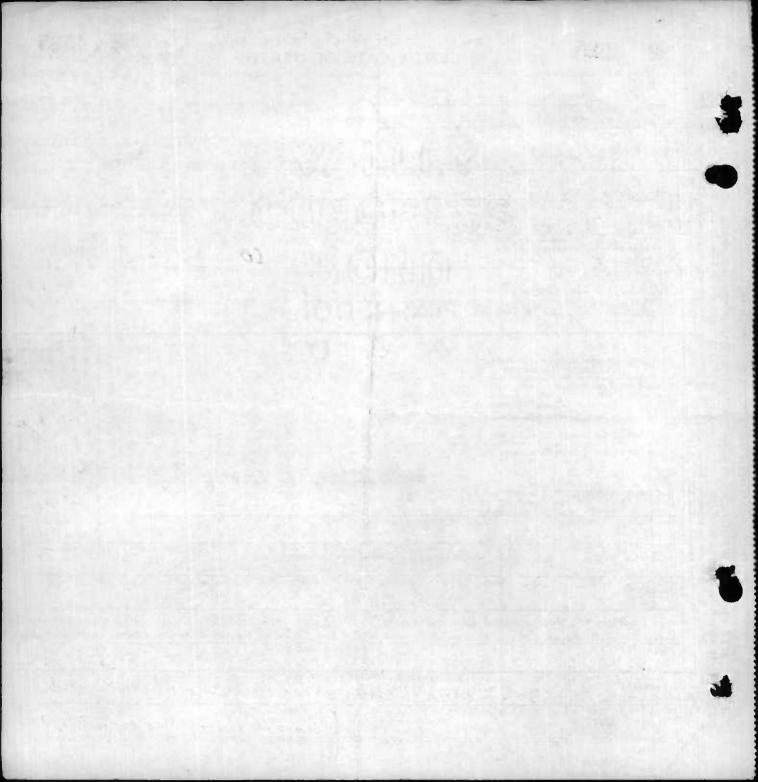
ohn a Moran 3000 E. Baltimore St.

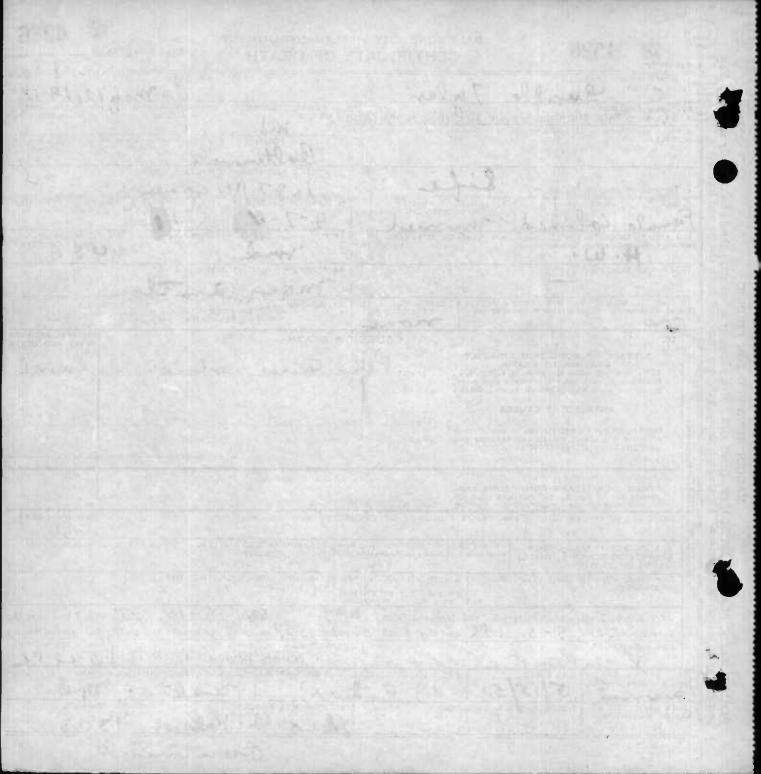




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O	ВІ	IRTH NO.			CERTIFI	CATE	OF DEATH	Registere	d No	
The	1. (T	NAME OF DECEAS		MILDRED)	WE	BSTER	2. DATE OF DEATH Ma	v 12.	1052
-22	Α,	PLACE OF DEATH: Baltimore City, N	faryland B	alto.	City		4. USUAL RESIDENCE A. STATE		. If institut	tion: residence before admission)
lly sup	H	OSPITAL OR	(If not in hospite hns Hopki			ddress or location)	Maryland c. CITY OR TOWN Baltimore	(If outside corporate li	mits, write	RURAL and give
glbuy.	c.	Length of stay in	Baltimore .	Life		Yrs. Mos. Days	1525 E. Fayet			
should be carry and legibly.			OR OR RACE	7. SINGLE WIDOW	E, MARRIED. VED, DIVORCED	(Specify)	B. DATE OF BIRTH NOV-6-1917	9. AGE (In years last birthday)	Months D	ear H Under 24 Hours Days Hours Min-
shoul	10	A. USUAL OCCUPAT k done during most of working Maid	ION (Give kind of	Hospi	OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State of Baltimore	or foreign country)	WI	TIZEN OF CHAT COUNTRY
ation ath cl	13	FATHER'S NAME	n Bell				14. MOTHER'S MAIDEN			
BINDING of inform uses of dea	15 (Ye	. WAS DECEASED EVER		FORCES?	16. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRES	
R BIND em of in causes o		No					Goldie Jorda	an 1035 Rut		AVE
IIN RESERVED FOI ING INK. Every ite ins: please write the	FICATION	heart failure, asth injury or compli ANTEC DISEASES OR C RISE TO THE ABC UNDERLYING C	cation which c CEDENT CAUS ONDITIONS, II OVE CAUSE (A)	aused deatles ES F ANY, GIVII STATING T	h.) OUE TO (B)					
MARGIN F UNFADING Physicians: p	ERTIF	OTHER SIGNIF TRIBUTING TO THE TO THE DISEASE	CANT CONDI	NOT RELAT	EO	•••••		Harris and the second		
H .	IL C	19A. DATE OF OPE	RATION 1	9s. MAJOR	FINDINGS O	F OPER			Y	YES X NO
WITH important.	EDIC/	21A. EXTERNAL CAUNDERLYING CAUSE	R CONTRIB.		ACE OF INJUR farm, factory, street, c			(If in Baltimore Cit	y, give exa	act location)
4 A	Σ	210. TIME (Month) OF INJURY	(Day) (Year)		WHILE AT N	OCCURRE NOT WHILE	D 21F. HOW DID INJ	URY OCCUR?		
TE PLA especiall		the evidence and death in	obtained by	said Aut	onsu. Inspecti	ion or I	bove, held anAutop nquiry, find that said ဩ, accident □, suice	itopsy sy, Inspection or Inqui deecased died on ide , homicide	iry the day	rcon and from stated above rmined .
WRITE age is esp		23A. SIGNATURE	RA	- vs	hen	M.	238. CHIEF MEDICA ASSISTANT MEDICA	AL EXAMINER		12/52
Pect a	TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	, ,	150		CEMETER	RY OR CREMATORY, 240	cooklyn M		nty) (State)
PLEA	D.	Burial ATE RECEIVED BY OCAL REGISTRAR	7/15/19	52 s signati	Mt Calve	ME?	25 FUNERAL DIRECTO		ADDE	sign by
	V	S 151	6		-7/	2- 5	27			gart







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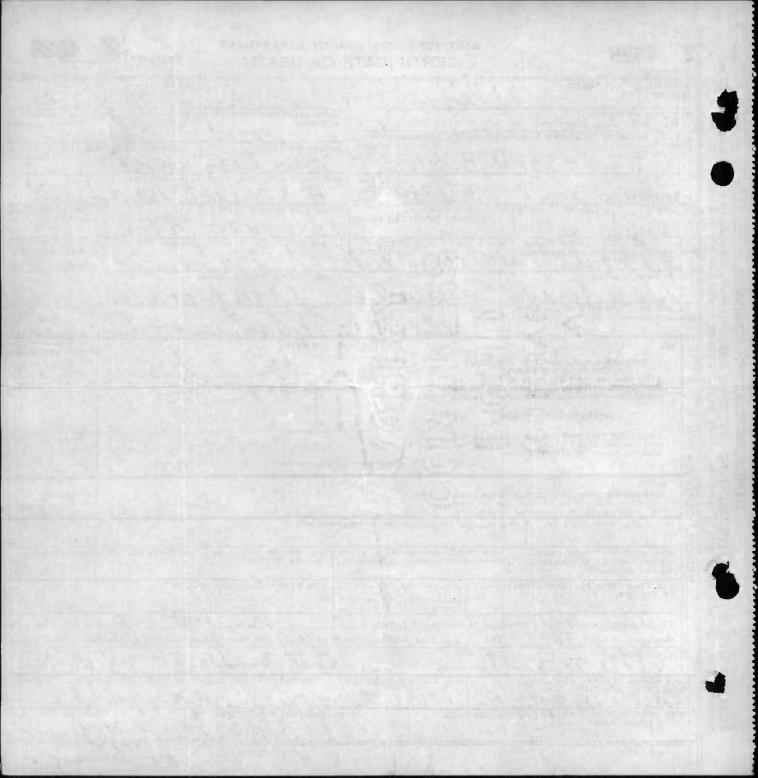
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le .	2	4528 RTH NO.	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No	4528
The	1.	NAME OF DECEASED	liam Carmon	2. DATE OF DEATH 5//3/	52
ns	А.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or i DSPITAL OR	nstitution, give street address or	here deceased lived. If it stitut B. COUNTY	before admission)
lly.	Z	STITUTION 433 W	· Biddle St Balta	outside corporate limit write	RURAL and give township)
ld be ca			Thomas Days 433 (USINGLE, MAKRIED, VIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH	S. AGE (In years li Under I is last birthday) Months; D	
shou	10 work	me	KIND OF BUSINESS OR 11. BIRTHPLACE (State or for	77	TIZEN OF
G matic eath	13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME V	·N·U,
BINDIN of infor uses of d	15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FOR , no or unknown) (If yes, give war or dates of ser	CES? 16. SOCIAL SECURITY NO. 17. INFORMANT SECUR	un Fried.	5736 W
FOR y item the cau		DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the	ng, e.g., Owne Tright		TERVAL BETWEEN ISET AND DEATH
02		Injury or complication which caused ANTECEDENT CAUSES	death.) DUE TO		
PL F	CATION	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	GIVING THE DUE TO		
MARGIN UNFADING Physicians:	CERTIFIC	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OR CONDITION CAUS	RELATED		
н.	AL	19a. DATE OF OPERATION 19B. M	MAJOR FINDINGS OF OPERATION		O. AUTOPSY?
WIT	MEDIC	LYING OR CONTRIBUTING Abou	at home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR?	in Baltimore City, give ex	act location)
LA!		215. TIME (Month) (Day) (Year) (Hou OF INJURY	m. WHILE AT NOT WHILE NOT WORK	-/	
TE PL especia		22. I hereby certify that I attende deceased alive on 5 12, 19	57 and that death occurred at 6 A. m., from th	e causes and on the dat	t I last saw the e stated above.
WRITE ge is esp		23/ S GNATURE	M.D. 450 W. Biddle	e 3 7. 5	13/52
PLEAST	2	ATE RECEIVED BY REGISTRAL'S SIG	1 M Calvary Ce	CATION (City, town, or con	(State)
PL	Lo	MAY 3 1952 Huntington	Williams, M. P. Holls	lead 918.	Drued
		VS 150	9703A	Hill	art.



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF May 12, 1952 Charles Henry Frey 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate lin RAL and give township 1201 Sabina Avenue Yrs. D. STREET ADDRESS (If rural, give location) on should be car Mos. 1201 Sabina Avenue 34 years c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last burthday) Months Daya Hours Min-WIDOWED, DIVORCED (Specify) July 15, 1876 Male 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
Packer Shipping Dept. WHAT COUNTRY INDUSTRY Bolt Factory Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Doughton George Frey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL 17. INFORMANT ADDRESS 216-10-5453 (Yes, no or unknown) (If yes, give war or dates of service) 1201 Sabina Avenue Mrs. Martha Frey INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: ICA 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE WHILE AT AT WORK 12, 1952, that I last saw the 22. I hereby certify that I attended the deceased from. RITE is espe 19 St, and that death occurred at V H:_m., from the causes and on the date stated above. deceased alive on Illian 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE man M. D. 24A. BURIAL, CRENA-TION, REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY 24B. DATE Burial Druid Ridge Pikesville. Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

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Burgee Funeral Home 3631 Falls Road H. Durace

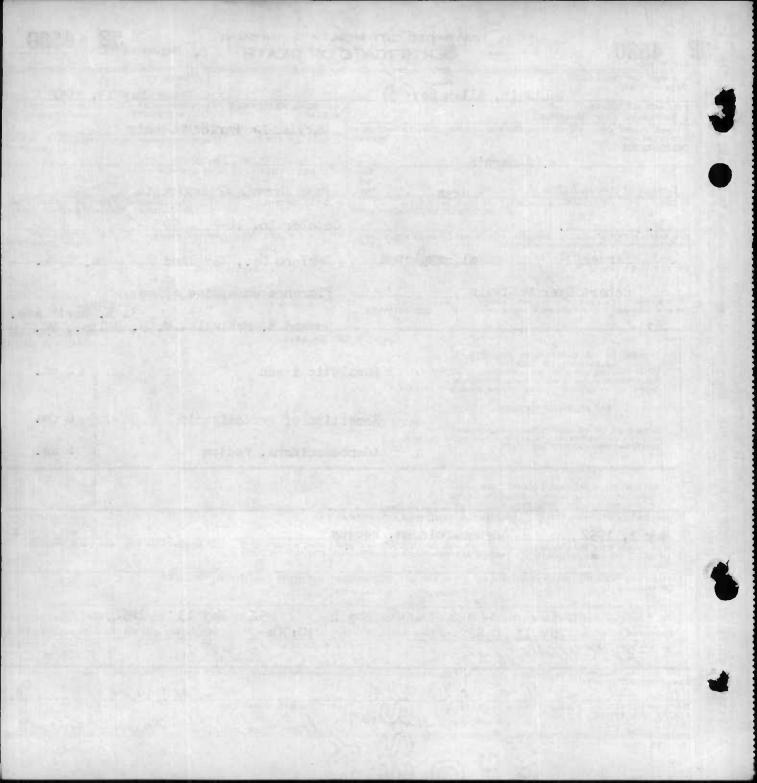
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF McElwain. Allen Roy DEATH May 13, 1952
4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Maryland. Harford County HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give IMPERDICUREDENC St. Joseph's Yrs. D. STREET ADDRESS (If rural, give location) Mos. Fawn Grove, Pennsylvania c. Length of stay in Baltimore 7. SINGLE, MARRIED Days should be 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. October 16, 1892 59
11. BIRTHPLACE (State or foreign country) early 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information Farmer Self-employed Harford Co. Maryland 13. FATHER'S NAME Robert Byer McElwain Florence Josephine Allen 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO uses of No Howard B McElwain 18. CAUSE OF DEATH item CB ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH Every da. (This does not mean the mode of dying, e.g., Paralytic ileus (A) te heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. Resection of rectosigmoid 6 da. NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 6 mo. RTIFICA Adenocarcinoma, rectum (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED W TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY7 DICAL important. May 7, 1952 Adenocarcinoma, rectum YES NO X 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE eciall WORK 1952, that I last saw the 1952, to May 13 22. I hereby certify that I attended the deceased from May 1 RITE is esp esp deceased alive on May 13, 1952, and that death occurred at 10:30am, from the causes and on the date stated above. 23c. DATE SIGNED 23B. ADDRESS 23A SIGNATURE -13-52 w WI 24A. BURIAL, CREMA-DATE 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. (State) TION, REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS MAY 13 195 1 Juntington VS 150

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,	1. NAME OF DEC (Type or Print)	CE/

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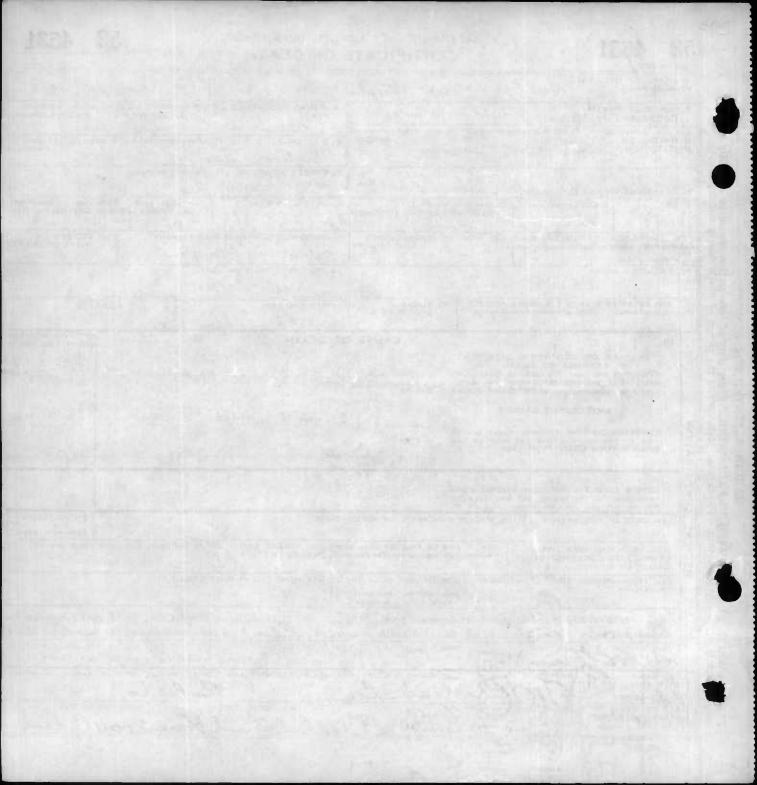
BALTIMORE CITY HEALTH DEPARTMENT

52 4531

DIE	5 4531 RTH NO.	CERTIFICAT	E OF DEATH	Registered No.	4007
1. (T)	NAME OF DECEASED Sweitzer	Mies ameli	ia i	2. DATE May DEATH	12, 1952
Α.	PLACE OF DEATH: Baltimore City, Maryland Church	Home Hospital	4. USUAL RESIDENCE (WA. STATE	here deceased lived. If ins B. COUNTY	before admission
HC	SPITAL OR	stitution, give street address or location)	7,000	outside corporate limits, v	
C.	Length of stay in Baltimore	life Yrs. Mos. Days	D. STREET ADDRESS (IF	rural, give location)	5300
-		NGLE, MARRIED, DOWED, DIVORCED (Specify)	Sept. 25 - 1889	9. AGE (in years & Um last birthday) Montl	et l Year H Under 24 Hours is Days Hours Min.
vork	A. USUAL OCCUPATION (Givekind of dome during most of working life, even if retired) host Jeacher	KIND OF BUSINESS OR INDUSTRY		reign country) 12 nyland	WHAT COUNTRY
	Charles Swe	eitzer	14. MOTHER'S MAIDEN NA Rosa Beif	,	
	. WAS DECEASED EVER IN U. S. ARMED FORC (If yes, give war or dates of servi		17. INFORMANT 2702 Pelhan	m ave.	RESS
ICATION	LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIL UNDERLYING CONDITION LAST.	discase, death.) DUE TO	umatic Heart ardiac Insuffe	Fiscase.	2 days.
CERTIF	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED	4		
AL	19A. DATE OF OPERATION 19B. MA	AJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about CAUSE OF DEATH	bome, farm, factory, street, office bldg.,		f in Baltimore City, giv	e exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE TO. WORK AT WORK		OCCUR?	
	22. I hereby certify that I attended deceased alive on May /2, 19		7	May 12, 1952, he causes and on the	
2.4	33A SIGNATURE AMALOUS 3A/BURIAL, CREMA- 24B. DATE	M. D.	Church Home	41	23c. DATE SIGNED May 12-1982
TIC	Bus 5/15/52	Oak La	un 1.	Ballo Co	
D/	ATE RECEIVED BY RESISTRAR'S SIG	NATURE!	25. FUNERAL DIRECTOR	How 2 and	DDRESS

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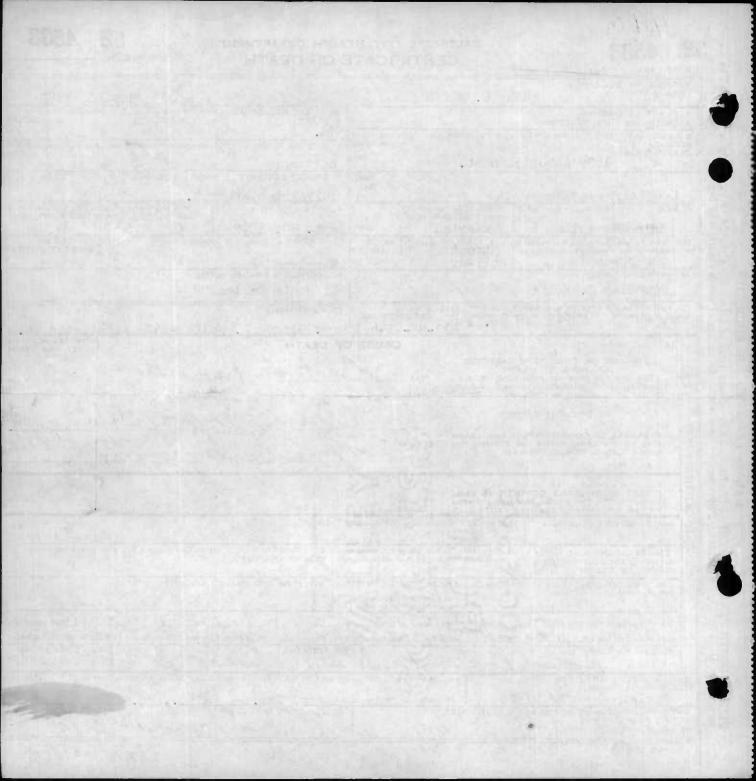
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	52	4533
Registered	No	

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1. (T		2. DATE OF DEATH May 11, 1952
	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
H	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
	1629 Abbottston St.	Baltimore G township)
C.	Mos.	D. STREET ADDRESS (If rural, give location) 1629 Abbottston St.
		8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year M Under 24 Hours Institute 1 Institute 24 Hours Months; Days Hours Min.
10	Male White married	Sept. 30, 1892 59
worl	chauffeur Railway	Maryland WHAT COUNTRY!
13		14. MOTHER'S MAIDEN NAME Virginia Kellem
15	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL	17. INFORMANT ADDRESS
(10	yes World War No. 213-95-9134	Mrs. Gladys P. Wolfe -1629 Abbottston St.
	7 06 000	OF DEATH
	(This does not mean the mode of dying, e.g.,	prebool Hemorrhage
	injury or complication which caused death.) DUE TO	
z	ANTECEDENT CAUSES	hronic mjocordity
TIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	20/00 18
E	(C)	
ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
L	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
OICA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in	
MEC	CAUSE OF DEATH	
	OF INJURY WHILE AT NOT WHILE	ED 21F. HOW DID INJURY OCCUR?
		may, 19 1 to My (1, 19) that I last saw the
Н	deceased alive on 19 19 , and that death occur	red atm., from the causes and on the date stated above.
	Stoseph Janker. D.	441 D. Ellerod ONZ 5/13/52
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	ATE RECEIVED BY REGISTRAR'S SIGNATURE 1	ational Cemi Balto, Md.
M	AY 1 3 1952 Tuestington Williams, Ast	Wim y schener & sons
	6255	/ Satto 17, Mid.
	MEDICAL CERTIFICATION	Institution Institution



Registered 20 4534 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) 5-10-52 OF Joshua Warfield DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Md Baltimore City Hospitalslocation) HOSPITAL OR C. CITY OR TOWN (If outside corporate Minits, write RUKAL and give INSTITUTION 4940 Eastern Ave. Baltimore township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. 414 S. Menree St. -23 62 yrs. c. Length of stay in Baltimore Days n should be 5. SEX 9. AGE (In years If Under | Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE. MARRIED If Under 24 Hours WIDOWED, DIVORCED (Specify) Feb. 26, 1882 White Div IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Ret. House Painter Mdia information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Coma . Columbus T T Rebeloca BINDIN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT - ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) Records, 4940 Eastern Av , SECURITY NO none no of INTERVAL BETWEEN item ne cau 18. CAUSE OF DEATH FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Carcinoma of Stomach & generalized (This does not mean the mode of dying, e.g., Trs. heart failure, asthenia, etc. It means the disease, DUE TO peritoneal metastasis injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: MARGIN (C) ... U RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 4 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERõ about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21p. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 12-11-51, 19 to May 10 _, 1952, that I last saw the WRITE re is espe . 19 52, and that death occurred at 1.55AM from the causes and on the date stated above. deceased alive on May 10 23c. DATE SIGNED 5-12-52 23A. SIGNATURE 23B. ADDRESS 4940 Eastern Ave. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) DURIGI 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24B. DATE (State) Baltimore. St. Peters Cemetery Maryland DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR Wm. Cook, Inc. 1217 St. Paul Street VS 150

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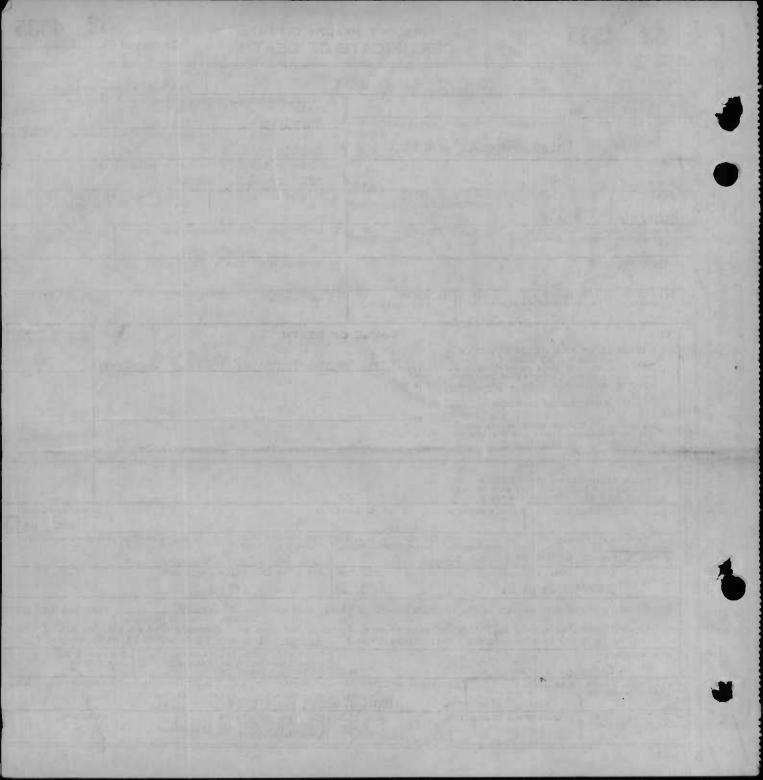
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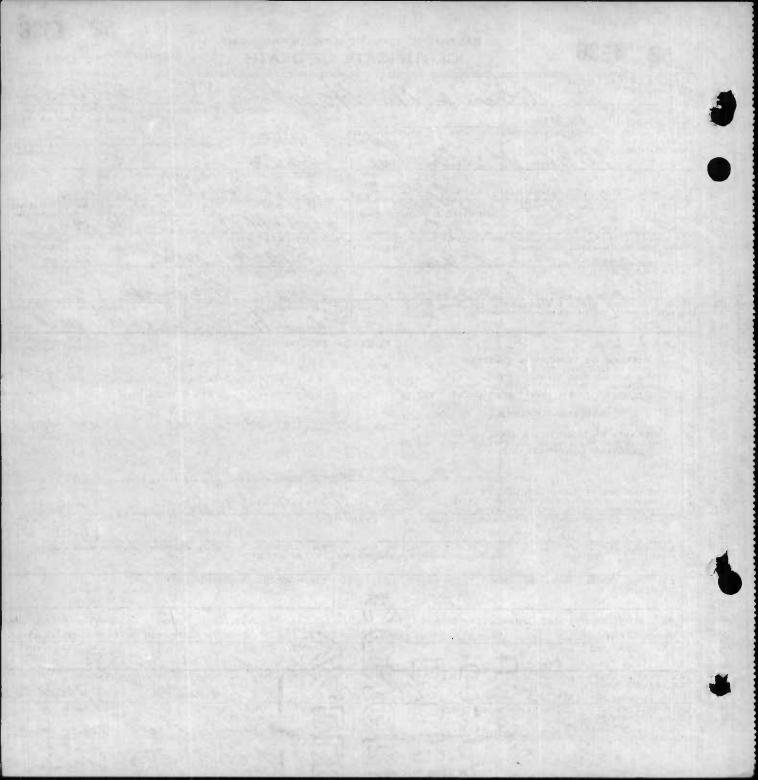
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52	4535	BALTIMORE CITY	HEALTH DEPARTMENT		52 4535	
BIRTH		CERTIFIC	ATE OF DEATH	Registered	l No.	
	OF DECEASED	SCHARRE MC CLC	OSKEY	2. DATE OF ADri	1 7, 1952	
A. Baltin	of DEATH: more City, Maryland		4. USUAL RESIDENCE A. STATE			
B. FULL NAME OF Of not in hospital or institution, give street address or location) INSTITUTION Union Memorial Hospital			c. CITY OR TOWN Baltimore	C. CITY OR TOWN (If outside corporate limits, write RURAL and towns)		
c. Lengt	th of stay in Baltimore	1	Mos	D. STREET ADDRESS (If rural, give location) 404 Woodford Avenue		
5. SEX Fema	6.COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED, DIVORCED (S	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hours Months Days Hours Min.	
10A. USL		10B, KIND OF BUSINESS O			12. CITIZEN OF WHAT COUNTRY	
13. FATH	IER'S NAME		14. MOTHER'S MAIDEN	14. MOTHER'S MAIDEN NAME		
15. WAS I	DECEASED EVER IN U.S. ARMEI	FORCES? 16. SOCIAL SECURITY N	17. INFORMANT		ADDRESS	
(T	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,				ONSET AND DEATH	
inj	ANTECEDENT CAUS	caused death.) DUE TO				
OLTA OL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)					
TR TO	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
U 19A. I	DATE OF OPERATION 1	DPERATION		20. AUTOPSY?		
U 21A. UNDE UTING	EXTERNAL CAUSE WAS RIVING OF CONTRIB- CAUSE OF DEATH TIME (Month) (Day) (Year) JURY 4/7/52 4:50 8	URRED 21F. HOW DID INJU	to.) INJURY OCCUR? 404 Woodford Avenue 21F. HOW DID INJURY OCCUR?			
t	22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .					
	Millians Who	11/1/	238. CHIEF MEDICAL ASSISTANT MEDICAL M.D. MEDICAL INVESTIGA	TOR	23c. DATE SIGNED 4/7/52	
24A. BURIAL, CREMA- 24B. DATE (State) 100. REMOVAL (Specify) 1101. REMOVAL (Specify) 1102. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 1103. REMOVAL (Specify)						
DATE RE	CEIVED BY REGISTRAR	s signature Williams.	25. FUNERAL DIRECTOR	Health	ADDRESS	
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	52	4537
egistered	No	-007

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_	_	_		-		_			_	_	_

1.	NA	ME	OF	DE	CE	AS	ED	
(T;	ype	or	Print))				

INSTITUTION

MINNIE 4. USUAL RESIDENCE (Where deceased lived, If institution; residence

WIDOWED, DIVORCED (Specify)

7. SINGLE, MARRIED

WIDOWED

2. DATE OF DEATH	5/11/5	2

3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or HOSPITAL OR location)

10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR

FUTAW

(If outside corporate limits, write RURAL and give

SALTIMORE

Yrs. Mos. Days

INDUSTRY

8111. HAMBURG

8. DATE OF

9. AGE (In years) If Under 1 Year last birthday) Months: Daya Hours: Min.

B. COUNTY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

c. Length of stay in Baltimore

work done during most of working life, even if retired)

RCHESTER

RICHARDSON

DAMUEL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) (Yes, no or unknown)

6. COLOR OR RACE

16. SOCIAL SECURITY NO.

17. INFORMANT OHNSON

ADDRESS 1615 PATAPSCO ST.

INTERVAL BETWEEN CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH gemralized arteriosclerosis (This does not mean the mode of dving, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. diabetes mellitus two yrs. OTHER SIGNIFICANT CONDITIONS CONascaris infestation TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

Jan 22. I hereby certify that I attended the deceased from. deceased alive on 23A. SIGNATURE

1952 that I last saw the and that death occurred at 5:00Am. from the causes and on the date stated above, 23c. DATE SIGNED

248. DATE

2431 MARYLAND AVENUE

24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION REMOVAL (Specify) SURIA

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

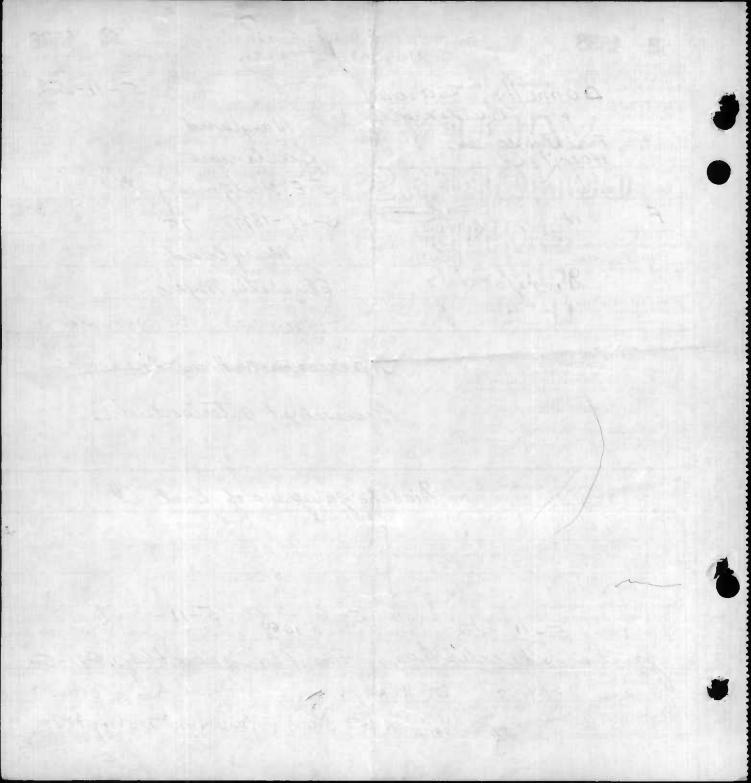
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BALTIMORE CITY HEALTH DEPARTMENT

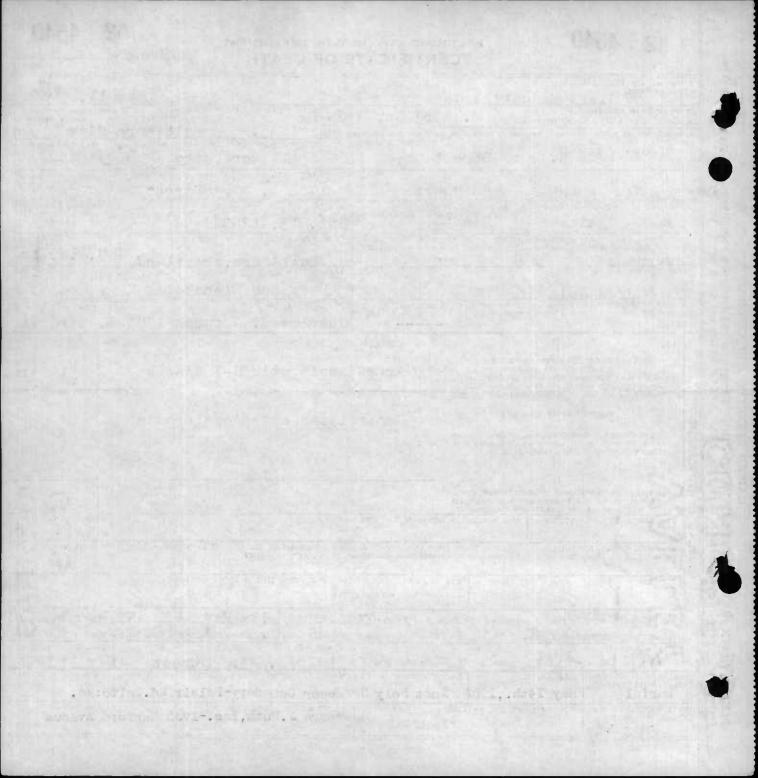
E OF DEATI	H Registered	110,
1	2. DATE OF DEATH	-11-52
· OTATE	ENCE (Where deceased lived.)	before admission)
Balti	niore 22	its, write RURAL and give township)
5 E. Mon		
3-27-18	77 last/birthday) N	H Under 1 Year H Under 24 Hours Aonths Days Hours Min.
Ma	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	h Myers	
17. INFORMANT GLADYS GUR		ADDRESS
OF DEATH	OL. INION	TOUMERY ST
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ATIO		20. AUTOPSY?
or 21c. WHERE D INJURY OCCUI		give exact location)
D 21F. HOW DID	INJURY OCCUR?	
	to 5-11-, 190 from the causes and on	the date stated above.
Ted atm., 3B. ADDRESS	from the causes and on So was flosh	the date stated above. 23c. DATE SIGNED 2-1/-5-2
rcd atm.,	From the causes and on Co way flest 210. LOCATION (City fow ROWND AUE &	the date stated above. 23c. DATE SIGNED 5-1/- 52 n, or county) (State)



\\\ -	52 4539		EALTH DEPARTMENT	52 Registered No_	4539
d. The	NAME OF DECEASED Type or Print)	argaret R. Magrude	r	2. DATE OF May 1	0, 1952
my s.	. PLACE OF DEATH: . Baltimore City, Maryland . FULL NAME OF (If not in h	ospital or institution, give street address o location Woodring Avenue	4. USUAL RESIDENCE (W	here deceased lived. If inst B. COUNTY outside corporate limits, w	before admission)
d be can	Length of stay in Baltimor	Yrs. Mos. Days CE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	D. STREET ADDRESS (If 3017 Woodr	21-0	
shoul	female White OA. USUAL OCCUPATION (Give k rk done during most of working life, even if re at home 3. FATHER'S NAME	married mdof 108. KIND OF BUSINESS OR INDUSTR	Oct. 11,1888 11. BIRTHPLACE (State or for Baltimore, Ma 14. MOTHER'S MAIDEN NA	ryland	CITIZEN OF WHAT COUNTRY?
BINDING of information uses of death cl	John Reusing 5. WAS DECEASED EVER IN U. S. A 66, no or unknown) (If yos, give war or	RMED FORCES? 16. SOCIAL SECURITY NO.	Agatha Kirchg 17. INFORMANT Mr. Charles B.	ADDF	ress ame
RESERVED FOR INK. Every item please write the ca	DISEASE OR CONDITION LEADING TO IT (This does not mean the meant failure, asthenia, ctc. It injury or complication whi ANTECEDENT CO DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION OTHER SIGNIFICANT CO	DN DIRECTLY DEATH de of dying, e. g., means the discase, ch caused death.) AUSES (B)	rimany Farci		TYPE
MARGIN UNFADING Physicians:	TRIBUTING TO THE DEATH, TO THE DISEASE OR CONDI	BUT NOT RELATED			
A WITH	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 12C. WHERE DID 10C. WHILE 1				
PLE C WRITE PL.	deceased alive on 23A. SIGNATURE d. Cha. 4A. BURIAL, CREMA- ION, REMOVAL (Specify) Burial 5/14	attended the deceased from how 10, 1952, and that death occumber.	rred at 11.33 Pm., from to 238. ADDRESS HIDS Shouth HERY DR CREMATORY 124D. L. Park Bal 25 EUNERAU DIRECTOR.	h causes and on the causes and on the causes and on the causes and on the causes are caused as a cause of the causes and on the causes are caused as a cause of the causes and on the causes and on the causes and on the causes are caused as a cause of the causes and on the causes are caused as a cause of the caus	date stated above. 3c. DATE SIGNED 3/3/52 county) (State) land DDRESS

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52	4540				4540
RTH NO.		CERTIFICAT	E OF DEATH	registered No.	
ype or Print)	Clara Magda	aline Geis			1, 1952
Baltimore (City, Maryland 🕹 /	704 E. 33rd St.	A. STATE	B. COUNTY	before admission)
SPITAL OR		location)	C. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give township)
		88 years Yrs. Mos. Days	1704 E. 33rd		
F	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		9. AGE (in years of Under last birthday) Months	l Year h Under 24 Hours Days Hours Min.
done during most o	f working life, even if retired)	INDUSTRY		T	CITIZEN OF WHAT COUNTRY?
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Andr	ew Geis		Mary Ann Bla	inche'	
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	0			6 in Dalvinous City	YES NO
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OF INJURY		m. WHILE AT NOT WHILE			
deceased at	Ive on May 8, TURE CREMA- 248. DATE Decify	1. 1952 and that death occur M.D. A.D. A.D.	rred at 5 A.Mw., from the 23B. ADDRESS 1520 E. 33rd ERY OR CREMATORY 24D. Le	Street Me OCATION (City, town, or collection Rd. Belto	3c. DATE SIGNED 1 1 1952 County) (State) Md.
	RTH NO. NAME OF D pe or Print) Place OF D Baltimore O FULL NAME SPITAL OR STITUTION Length of S SEX F LUSUAL OC done during most Vernes FATHER'S N WAS DECEASE FATHER'S N OTHER'S OTHER'S OTHER'S OTHER'S OTHER'S 21A. ACCIDE HOMICIDE A. BURIAL OR, REMOVAL (S	NAME OF DECEASED THE OF Print) Clara Magda PLACE OF DEATH: Baltimore City, Maryland 17 FULL NAME OF (If not in hospit SPITAL OR STITUTION 1704 E. 331 Length of stay in Baltimore SEX 6.COLOR OR RACE White LUSUAL OCCUPATION (Givekindor doneduring most of working life, even if retired) OVERNOSS FATHER'S NAME Andrew Geis WAS DECEASED EVER IN U. S. ARMET no or unknown) DISEASE OR CONDITION (This does not mean the mode of heart failure, asthenia, etc. It mes injury or complication which of ANTECEDENT CAUS DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LI OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 1 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 22A. PIENATURE A. BURIAL, CREMA- A. REMOVAL (Specify)	RTH NO. NAME OF DECEASED pe or Print) Clara Magdaline Geis PLACE OF DEATH: Baltimore City, Maryland 1704 E. 33rd St. PULL NAME OF (If not in hospital or institution, give street address or SPITAL OR SPITA	CERTIFICATE OF DEATH NAME OF DECEASED PLACE OF DEATH: Baltimore City, Maryland 1704 E. 33rd St. STILL NAME OF (If not in hospital or institution, give street address or STILL NAME OF (If not in hospital or institution, give street address or STILL NAME OF (If not in hospital or institution, give street address or STILL NAME OF (If not in hospital or institution, give street address or STILL NAME OF (If not in hospital or institution, give street address or STILL NAME OF (If not in hospital or institution, give street address or location) TYS. Length of stay in Baltimore 88 years Mos. 1704 E. 33rd SEX 6. COLOR OR RACE 7. SINGLE MARRIED STREET ADDRESS (If 100 t. 15, 1863 II. BIRTHPLACE(State or INDUSTRY) SINGLE MARRIED Oct. 15, 1863 II. BIRTHPLACE(State or INDUSTRY) Mary Ann Ble Baltimore Baltimore STREET ADDRESS (If 10 t. 15, 1863 II. BIRTHPLACE(State or INDUSTRY) Mary Ann Ble Was DECEASED EVER IN U. S. ARRED FORCES? II. BIRTHPLACE(State or INDUSTRY) Mary Ann Ble II. MOTHER'S MADIEN TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DISEASE OR CONDITION LAST. (A) Arteriosclerotic C-V ANTECEDENT GAUSES DISEASES OR CONDITION S. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LOST. 110 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PERATION 1210. THE DISEASE OR CONDITION CAUSING IT. 1210. THE DISEASE OR CONDITION LOST. 2110. THE MEAN LOST. 2111. ACCIDENT, SUICIDE. HOMOGIDE (Specify) 2121. ACCIDENT, SUICIDE. HOMOGIDE (Specify) 222. I hereby certify that I attended the deceased from November 1, 1938, to Maddeceased alive on May 8, 1952, and that death occurred at 5 A. Mrw., from th. REMOVAL (Specify) 223. AURNATURE A BURNAL (REMA) 248. DATE ACCIDENT STORMANT STO	Registered No. CERTIFICATE OF DEATH Registered No. NAME OF DECEASED por Print) Clara Magdaline Geis PLACE OF DEATH Baltimore City, Maryland 1704 E. 33rd St. PLACE OF DEATH Baltimore City, Maryland 1704 E. 33rd St. STATE Baltimore City, Maryland 1704 E. 33rd Street SPITAL OF OF (If not in hospital or institution, give street address or SPITAL OF OF (If not in hospital or institution, give street address or SPITAL OF OF (If not in hospital or institution, give street address or SPITAL OF OF DAYA A. USUAL RESIDENCE (Where Read lived If institution, give street address or SPITAL OF OF SPITAL OF OF DAYA Baltimore City SPITAL OF OF (If not in hospital or institution, give street address of SPITAL OF OF DAYA Baltimore City SPITAL OF OF SPITAL OF OF SPITAL OF



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Ruth Kern

Broadview Apts. Apt. 615

2. DATE DEATH May 13, 1952

3. PLACE OF DEATH: A. Baltimore City, Maryland

OF (If not in hospital or institution, give street address or University Pkwy & 39th St. location) B. FULL NAME OF

c. CITY OR TOWN Baltimore

???

Maryland

(If outside corporate limits, write RURAL and give

c. Length of stay in Baltimore

Yrs. Mos. Days D. STREET ADDRESS (If rural give location) Universtity PKW Broadview Apts, Apt.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

B. COUNTY

Female

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6. COLOR OR RACE White

7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Married

9. AGE (in years | Monder I Year | Monder 24 Hours | Months Days | Hours | Min. 8. DATE OF BIRTH December 1. 1903 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF

10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired)

INDUSTRY Own Home

WHAT COUNTRY? Russia 14. MOTHER'S MAIDEN NAME

13. FATHER'S NAME

Late Morris Paul

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or nnknown)

16. SOCIAL SECURITY NO. 17. INFORMANT 39th & University BRUSS Joseph Kern- Broadview Apts. Aptl 615

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES

DUE TO

CAUSE OF DEATH

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INTERVAL BETWEEN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ... DUF TO

(C) ...

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY NO L YES

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING

19A. DATE OF OPERATION

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may 15

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

(If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

WHILF AT NOT WHILE!

WORK

22. I hereby certify that I attended the deceased from. deceased alive on My 13, 1952 23A. SIGNATURE

. and that death occurred at 238. ADDRESS

_m., from the causes and on the date stated above. 23c. DATE SIGNED

1952, that I last saw the

24A. BURIAL, CREMA-TION, REMOVAL (Specify

24c. NAME OF CEMETERY

24D. LOCATION (City, town, or county)

Burial

May 14.1952

Zion Cong Cemetery

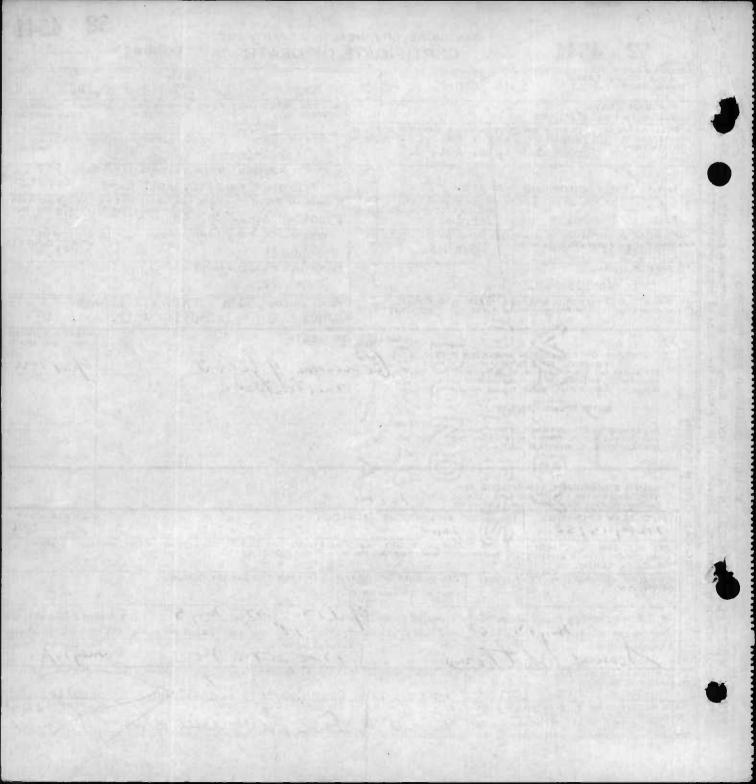
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

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BIRTH NO.	J-X1~1		CERTIFICAT	E OF DEATH	Registered	No.
1. NAME OF (Type or Print)		ikewys			2. DATE OF DEATH MAY	11, 1952
B. FULL NAME	City, Maryland OF (If not in hospit	al or institut	tion, give street address or	4. USUAL RESIDENCE (VA. STATE		f institution : residence before admission
HOSPITAL OR INSTITUTION	Baltimers	city .	H spitals location)	c. CITY OR TOWN (If Baltimore	outside corporate lim	its, write RURAL and giv
	stay in Baltimore	30 yr	Yrs. Mos. Days	620 W. Baltimor		
Male Male	6.COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify) Ingle	April 10, 1884	9. AGE (In years) last birthday)	li Under Year II Under 24 Hours Hours Min.
OA. USUAL Of ork doos during most	CCUPATION (Give kind of t of working life, even if retired)	108. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Lithuania	oreign country)	WHAT COUNTRY
13. FATHER'S	NAME Simon			14. MOTHER'S MAIDEN N.	AME	
15. WAS DECEAS	SED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. Records		ADDRESS PTD Ave.
DISEASE RISE TO UNDERLU	ANTECEDENT CAUSE ANTECEDENT CAUSE ES OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVIN STATING TI	(B) NG HE DUE TO (C)			
TO THE I	OF OPERATION	CAUSING 1		RATION		 20. AUTOPSY?
LYING C	DENT WAS UNDER- DR CONTRIBUTING		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		If in Baltimore City,	yes New give exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		Y OCCUR?	Astron
deceased of	by certify that I att		and that death occur	rred at 1. 50am., from t	ay 11., , 19 he causes and on	
23A. SIGNA	S. C.	Do	See M.D.	38. ADDRESS 1940 Eastern Ave.		5-13-52 SIGNED
24A. BURTAL. TION, REMOVAL (MONTO) DATE RECEIVE LOCAL REGIS	Specify) 5/17	52	24c. NAME OF CEMETE St. Vos	ELA AS Mah 25. FUNERAL DIRECTOR	andy City	n, or county) (State)
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WRITE PLAIN VITH UNFADING INK. Every item of information should be car se is especially important. Physicians: please write the causes of death clearly and legil MARGIN RESERVED FOR BINDING PLEA

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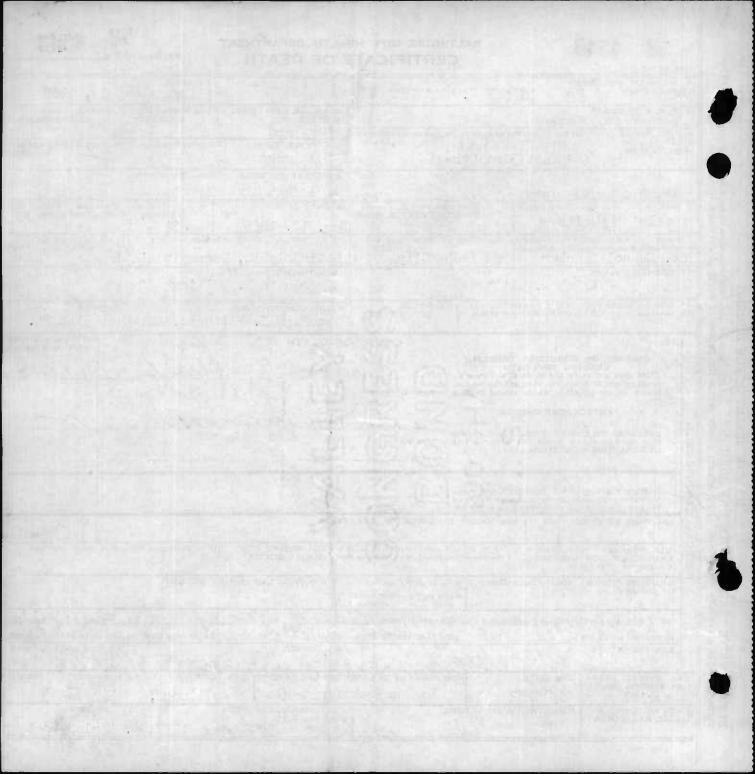
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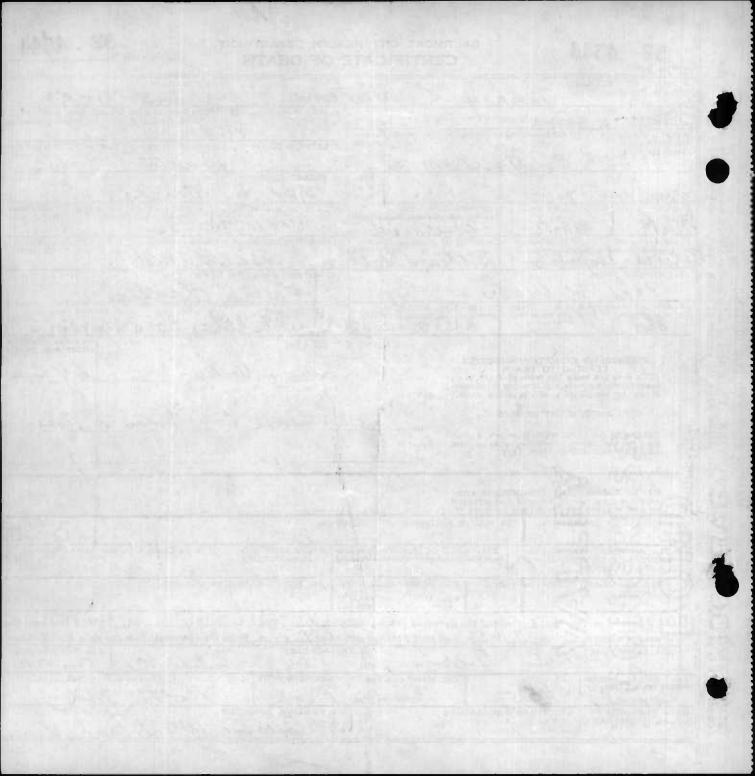
BALTIMORE CITY HEALTH DEPARTMENT

52 4542

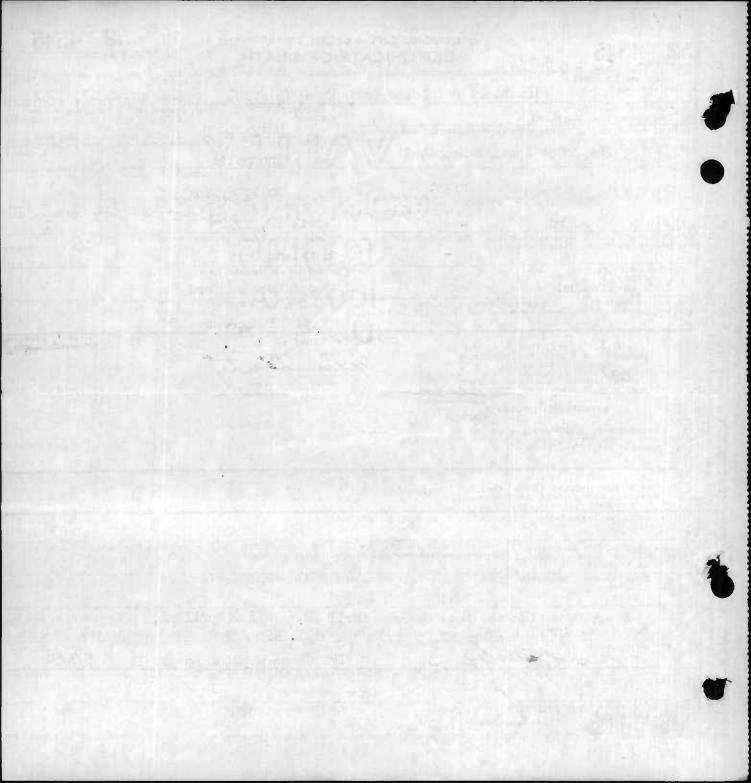
1217 St. Paul

IRTH NO.	ERTIFICATE OF	DEATH	Registered :	No.
NAME OF DECEASED Type or Print) MINNIE J. W.	ITTHAUS		2. DATE OF DEATH Maj	12, 1952
PLACE OF DEATH: Baltimore City, Maryland	A. STA	TE	Where deceased lived, If B. COUNTY	
FULL NAME OF (If not in hospital or institution, OSPITAL OR NSTITUTION 401 East 31st Street	location) c. CIT	yland y or town (If timore	outside corporate limi	ts, write RURAL and give township
Length of stay in Baltimore	Mos	East 31st S		
. SEX 6. COLOR OR RACE 7. SINGLE, M	ARRIED. 8. DAT	17, 1866	9. AGE (In years)	If Under 1 Year on this Days Hours Min.
DA. USUAL OCCUPATION (Give kind of the done during most of working life, even if retired) Baltimore Baltimore	F BUSINESS OR 11. BIR	THPLACE (State or for adelphia, Pe		12. CITIZEN OF WHAT COUNTRY
Erich L. Witthaus		THER'S MAIDEN N		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, giva war or dates of service)	SECURITY NO	TORMANT Emma I. Witt	thaus, 401 Es	odress ast 31st St.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) Cerribu DUE TO (B) Culture DUE TO (C)	selew		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Aged,			
21A. ACCIDENT WAS UNDER- 21B. PLACE LYING OR CONTRIBUTING about home, farm,	OF INJURY (e.g., in or 210	:. WHERE DID ()	If in Baltimore City,	20. AUTOPSY? YES NO give exact location)
OF INJURY WHILE	. INJURY OCCURRED 21F	HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I attended the dec deceased alive on 5/12, and	ceased from 4/2-C	132 Pm., from t	he causes and on t	Ethat I last saw the
23A. SIGNATURE				he date stated above.
4A. BURIAL, CREMA- ON, REMOVAL (Specify)	M. D. 238. ADD	o W. Cle	OCATION (City, tolin	23c. DATE SIGNED





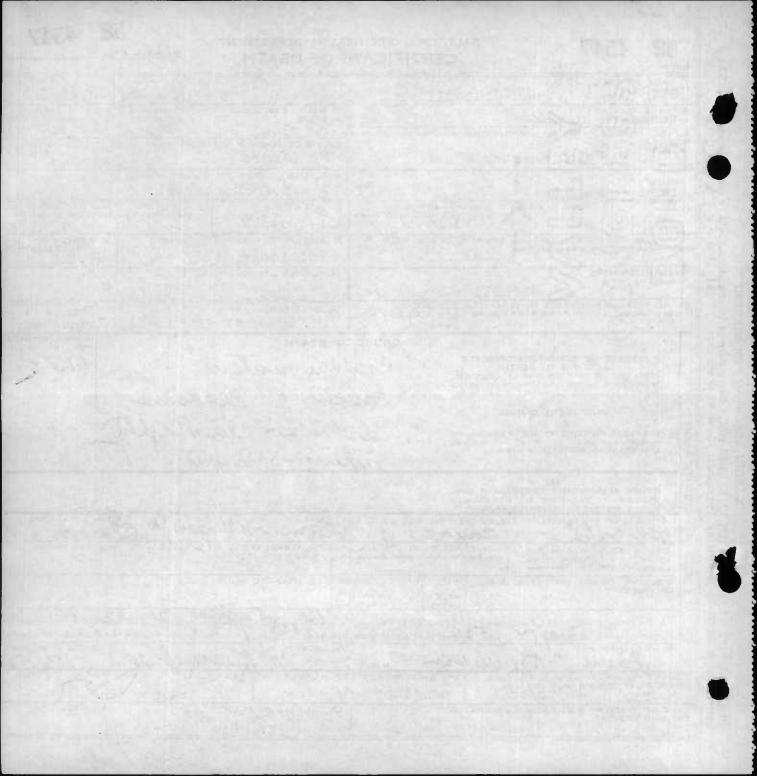
1-1	16	545							
7	5	2 45/	15	BAI			ALTH DEPARTMENT	Registered	2 4545
The	-	RTH NO.	52-09719	}	CERTIFI	CATI	E OF DEATH	registered	No.
	(Type or Print) Infant of Geraldine Ireland (316712) 2. DATE OF April 1					il 12, 1952			
4		PLACE OF D	EATH:	110 01	dor ararito	1101	4. USUAL RESIDENCE (W	here deceased lived.	If institution : residence
10	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or			A. STATE Maryland	B. COUNTY	before admission			
i i	HOSPITAL OR location) INSTITUTION The Johns Hopkins Hospital Yrs.			C. CITY OR TOWN (If outside corporate limits, write RURAL and g		its, write RURAL and give township			
				Annapolis	numal mina la cation l	- CONTIONS			
leg	C.	Length of s	tay in Baltimore	In	fant	Mos.	D. STREET ADDRESS (If rural, give location) Route 2. Box 396		
early and l		SEX	6. COLOR OR RACE		E, MARRIED,	Days	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year Il Under 24 Hour
y al		Male	Negro	-	VED, DIVORCED	J (Specify)	April 12, 1952	last birthday)	Months Days Hours Min
early	10 work	A. USUAL OC	CUPATION (Give kind of working life, even if retired)	10B. KINI	OF BUSINES	S OR DUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
5		. FATHER'S N			_		Maryland		
eath	13	Leslie					Geraldine Bradfo		
or de	15		D EVER IN U. S. ARMED	FORCES?	16. SOCIAL				
	(Ye	s, oo or unknown)	(If yes, give war or dates	of service)	SECURIT	Y NO.	Hospital Records		ADDRESS
causes		18. 776	X		C	AUSE (OF DEATH		INTERVAL BETWEE
he o		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
write the		heart failu	not mean the mode o re, asthenia, etc. It mea	ns the diseas	se,			······································	
writ		injury or complication which caused death.) DUE TO							
ase	z	Z (B)							
pleas	TION	RISE TO T	OR CONDITIONS, IF	STATING TI					
Physicians:	CA	UNDERL	ING CONDITION LA	51.	(C)				***************************************
ירומ	RTIFI	= 17/50	11						
nys	CER	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATI	ED				
1	1				FINDINGS O	F OPER	ATION		20. AUTOPSY?
2110	CA		9	l ot- pt			1.01-111150-0-0		YES NO
Ort	EDI	LYING OF	R CONTRIBUTING		ACE OF INJUR farm, factory, street, c			in Baltimore City,	give exact location)
1	Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY C	CCURRE	D 21F. HOW DID INJURY	OCCUR?	
2		OF INJURY		m.		AT WORK			
		22. I hereb	y certify that I att	ended the			il 12, , 1952, to Ap	ril 12, 19	_, that I last saw th
ge is especia		deceased al	ive on April 12	2,1952	and that deat	th occur	red at 11, 25pm., from th	ne causes and on	the date stated above
24		23A. SIGNA	Tren Be	sley		1	3B. ADDRESS The Johns Hopkins	Hospital	5/1/52
age	24	A. BURIAL, C	REMA- 24B. DATE	1		M. D. CEMETE	RY OR CREMATORY 24D. LO		
					1402/	De	foral.	MARKET	WITH LAND
corr	LC	TAL REGIST	BAR REGISTRAR		1/1///	,,_	25. FUNERAL DIRECTOR		ADDRESS
	1	WY11-4	BOXZ June	gion 1	Villacus-	Mila	1 17		
		MX6/150 4	1952						

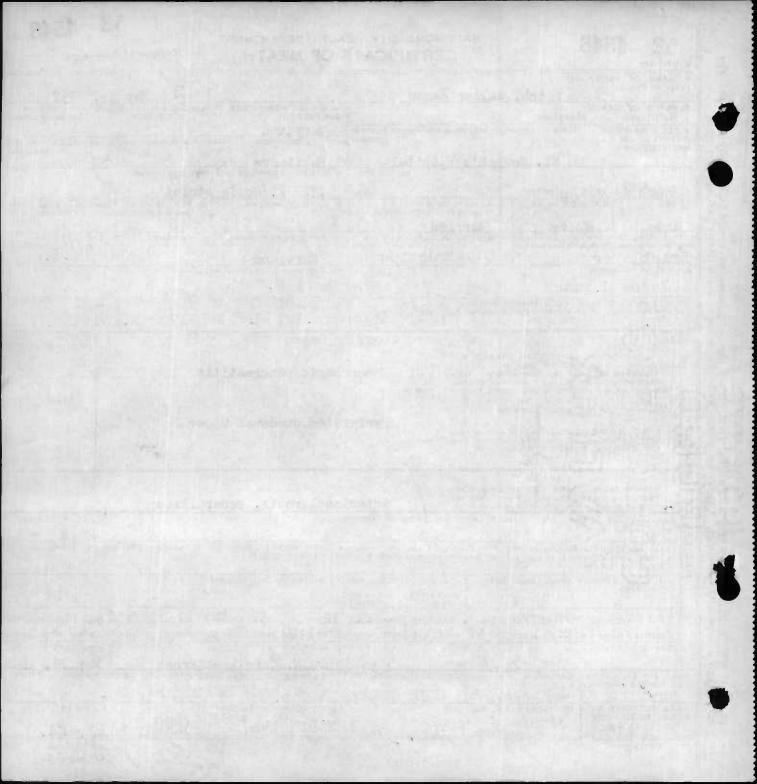


R-	260	E0 1F4	0
, ,	52 4546 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	52 454 Registered No.	b
The	BIRTH NO. 4040 CERTIFICATE OF DEATH	Registered 140,	
ď.	1. NAME OF DECEASED (Type or Print) William Rucker	of DEATH MAY 12 1952	
	3. PLACE OF DEATH: A. Baltimore City, Maryland JOHNS HOPKINS HOSPITAL A. STATE	Where deceased lived, If institution: reside B. COUNTY before adm	
282	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (II	f outside corporate limits, write RURAL s	and sive
SII.	Baltimo	//. A. to	wnship)
9-20		rural, give location)	
l leg	c. Length of stay in Baltimore 30yrs Days 2405 W. L	ANVALE ST 9. AGE (In years II Under Year If Under	sr 24 Hours
uld b	male Colored SP 9/10/1901	last birthday) Months Days Hours	
VDING information should be eq	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC AUTOMOBILE MFG. VA.	foreign country) 12. CITIZEN OF WHAT COU	JNTRY?
atio	13. FATHER'S NAME 14. MOTHER'S MAIDEN N		
NG dea	ARCHIE RUCKER BERTIE		
BINDIN of infor	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Ye. no or unknown) (If yes also war or dates of service) 219-01-7686 17. INFORMANTJOHNS	HOPKINS HOSPITAL	
- =	18. 592 X CAUSE OF DEATH	INTERVAL BE	
FOR item	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	£:	
- 27	heart failure, asthema, etc. It means the disease,		
RVE WE	injury or complication which caused death.) DUE TO	The state of the s	25
RESERVED INK. Ever please write	Z (8)		
	O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST,		
GIN	(c)	"	
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON-		
UN	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
計	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20, AUTO	NO NO
WI	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., ib or 21c. WHERE DID (If in Baltimore City, give exact location	
W.F.	CAUSE OF DEATH		
F	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OF INJURY NOT WHILE	Y OCCUR?	
PLA ciall	m. work AT WORK	-12	-
E I	deceased alive on 5-12-, 1952, and that death occurred at 5 Am., from t	the causes and on the date stated	aw the
RITI is e	Thomas Frontalin Williams. D. 238. ADDRESS JOHNS HO		GNED
WRITE PL	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. L	OCATION (City, town, or county)	(State)
	TION, REMOVAL (Specify)	TO COUNTY MD	
PLE	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	Abdress	AT AT
щ 5	MAY 1 4 1952 Huntington Wallaus M. Onantes Co.	OOPER-512 CARROLLTO	N A
	VS 150 35 Charflut	per	

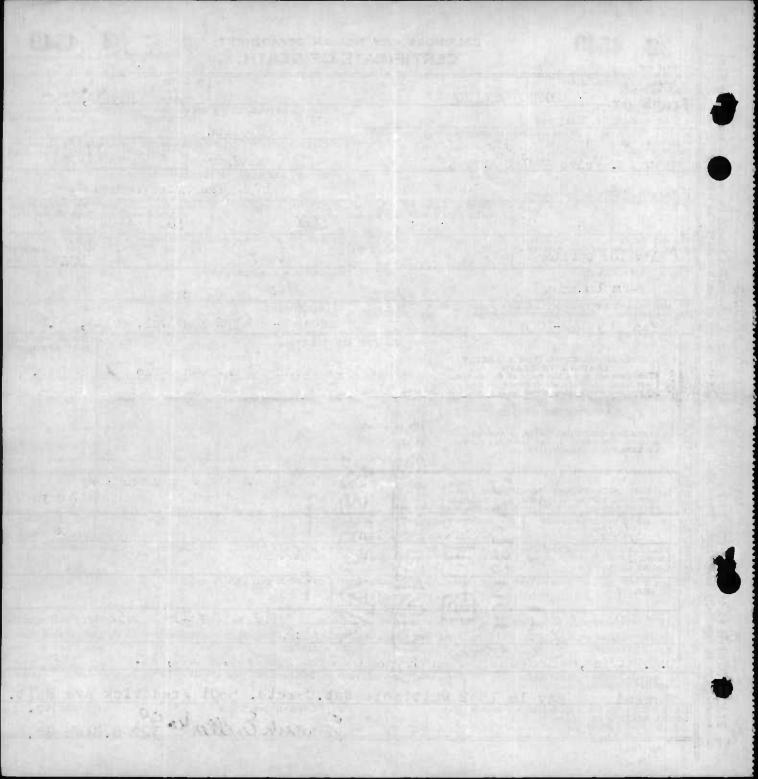
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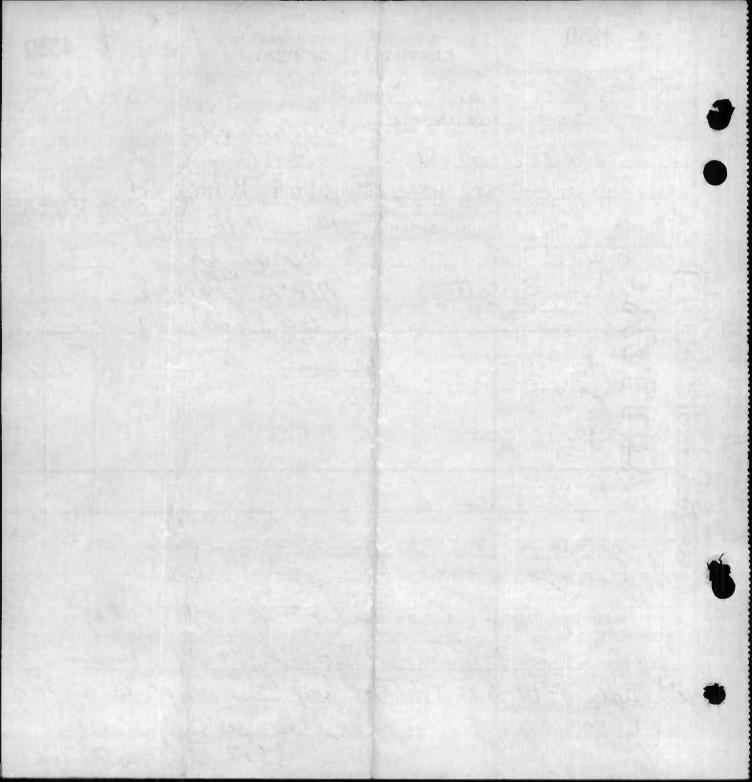
N	52	7/ 474/	EALTH DEPARTMENT 52 4547
The		CERTIFICAT	E OF DEATH Registered No.
		NAME OF DECEASED Sype or Print) John C.Niemiller	2. DATE OF May 12,1952
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)
saj	HC	FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR location)	
ly.	IN	115 S Rochester Place	Baltimore (If outside eorporate limits, write RURAL and give township)
car	-	Yrs. Mos. Length of stay in Baltimore Days	115 S. Rochester Pl.
ld be	5.	M 6.COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED DIVORCED (Specify WIDOWET)	Apr. 14, 1879 9. AGE (In years Il Under 1 Year Il Under 24 Nours Months Days Hours Min.
n should clearly a	10 work	A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR k done-during most of working life, even if retired) Millwright INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md. 12. GITIZEN OF WHAT COUNTRY? U.S.A
atic	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
orm	15	? Niemiller	Unknown
of inforuses of d	(Yes	NO. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL 215-05-8607	7 Mrs. Margaret Kramer-115 Rochester
MAKGIN KESEKVED FOK BIN UNFADING INK. Every item of i Physicians: please write the causes	CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DISEASE OR CONDITION CAUSING IT.	ein materis - "16/52 ca q Bladder einid-clu Bright This Sclovery
量.	CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	Leader- welland willing to No V
WIT	MEDIC	LYING OF CONTRIBUTING About home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltamore City, give exact location)
AII	4	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
WRITE PL.		22. I hereby certify that I attended the deceased from deceased alive on way (V, 195), and that death occurrences as SIGNATURE.	urred at Pm., from the causes and on the date stated above. 23B. ADDRESS 23C. DAJE SIGNED
WR.		Love n. Tremeera M.D.	72 × XO. Kenwood all 5/13/52
		44. BBRAL, CREMA- ON, REMOVAL (Specify) 5/15/52 Baltimore	
PLE		ATE RECEIVED BY REGISTRAR'S SIGNATURE Williams A	SANDER & SONS, Inc North Av. & Broadway-13-Md.
	Till	AY vs 150	





BI	52 4549 IRTH NO.		EALTH DEPARTMENT E OF DEATH	52 Registered No.	4549
1. (T	NAME OF DECEASED ype or Print) FRANCISCO	AUGI NO		2. DATE OF DEATH MAY	13. 1952
3. A. B.	Baltimore City, Maryland FULL NAME OF (If not in hospite	al or institution, give street address or Heath Service location)		B. COUNTY	before admission)
IN	ICTITION ON I WELL	t street	Baltimor		S township
	Length of stay in Baltimore	? Yrs. Mos. Days	1234 Bon	aparte Avenue	
	M W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	4/1/96	56	ler i Yeer If Under 24 Rours ns Days Hours Min.
	DA. USUAL OCCUPATION (Give kind of the done during most of working life, even if retired) Elevator oprator	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Italy	eign country) 12	USA
	Carmel Augino	Broc	14. MOTHER'S MAIDEN NA Mary ?	ME	
15 (Yes	S. WAS DECEASED EVER IN U.S. ARMED (If yes, give was or dates YES	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Records- US PHS		to, Md.
TIFICATION	DISEASE OR CONDITION LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It meaningury or complication which complete the second s	H dying, e.g., (A) Paral (ytic ileus of unkn	own cause	A prox. 3 days
CERTIF	OTHER SIGNIFICANT CONDITIONS TO THE DISEASE OF CONDITION	TIONS CON- NOT RELATED	perative state rig	ht pneumonect	omy 7 days
AL.	19a. DATE OF OPERATION 11 5/6/52	9B. MAJOR FINDINGS OF OPER Carcinoma left lung	RATION		YES X NO
MEDIC					
4	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURR MHILE AT NOT WHILE AT WORK		OCCUR?	
	22. I hereby certify that I att deceased alive on May 2 23A. SIGNATURE D.W.Patrick, Medical	, 1902 and that death occur altich Officer in Charges	rred at 8:55Am., from the 23B. ADDRESS US PHS Hospital, E	e causes and on the	23c. DATE SIGNED 5/13/52
TIC	4A. BURIAL, CREMA- ON, REMOVAL (Specify) Burial May 16	24c. NAME OF CEMETE 1952 Baltimore	Nat Cemete 550 25 FUNERAL DIRECTOR	l Frederick	
	VS 150	761	74		





before admission)

it Under 1 Year

12. CITIZEN OF

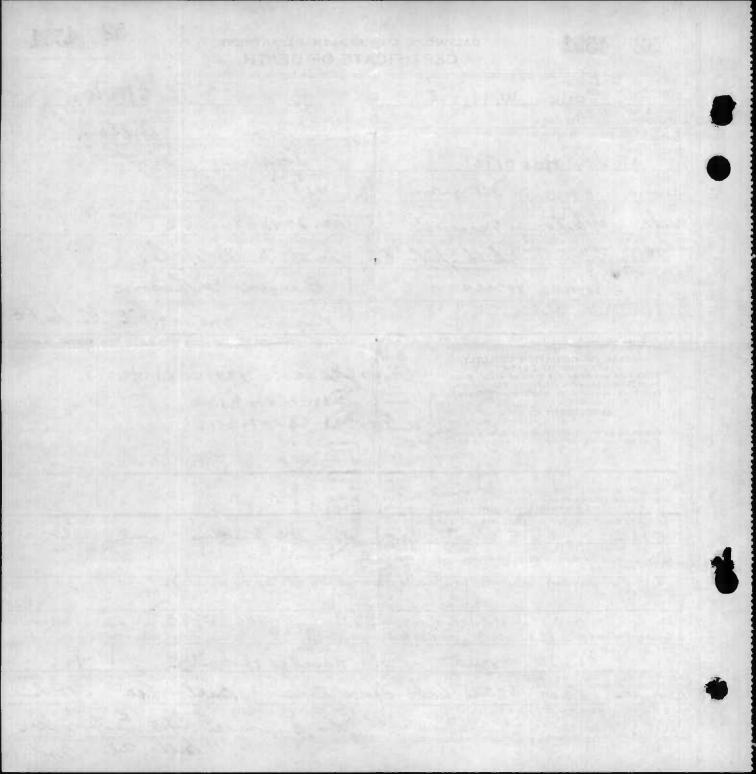
WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPS

ADDRESS

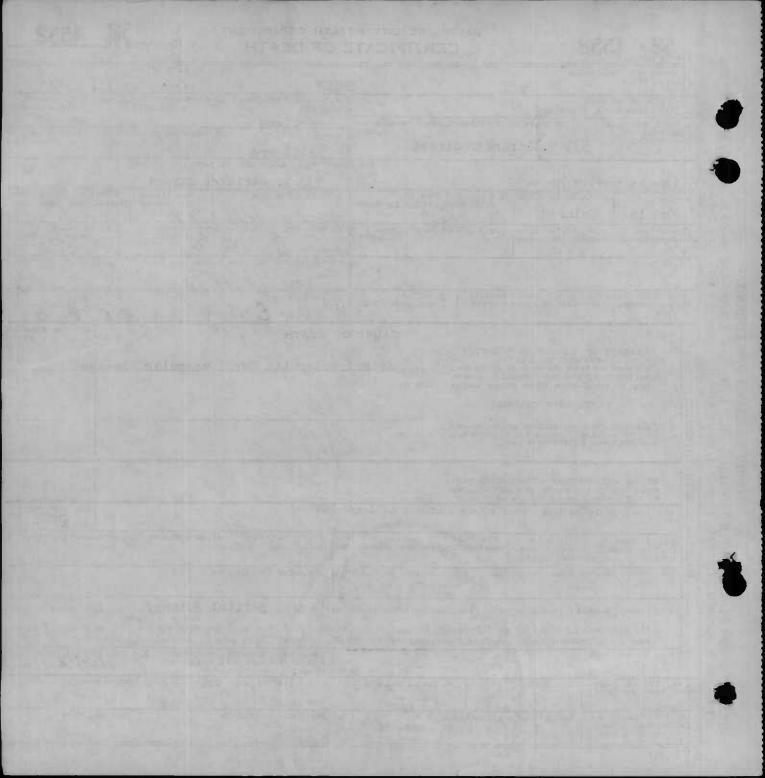


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1	52	4552

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 5	2	4552
Registered	740	

BIRTH NO.				
1. NAME OF DECEASED (Type or Print)			2. DATE OF	2075
MARY		ORY	DEATH May L	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If ins B. COUNTY	before admission)
B. FULL NAME OF (If not in hospital or institution HOSPITAL OR		Maryland c, CITY OR TOWN (If	outside corporate limits, v	write RURAL and give
INSTITUTION 533 N. Stricker S			19-1	/ township)
	Yrs.	Baltimore D. STREET ADDRESS (If r	ural, give location)	
Tanath of stan in Daltiman	Mos.	533 N. Stricke		
c. Length of stay in Baltimore 5. SEX 16. COLOR OR RACE 7. SINGLE.	Days	B. DATE OF BIRTH		ier Year It Under 24 Hours
	D. DIVORCED (Specify)	March 12 1878	last birthday) Month	ns Days Hours Min.
	OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or for	reign country) 12	CITIZEN OF
work done during most of working life, even if retired)	INDOSTRI	NINCE Leo. Co. 1	Md.	4.50
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
<i>[]</i>		Mary Hawl	TINS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Vixder Euon	V STAIR	Ken St
18. 422.1	CAUSE O	F DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e. g.,	Arteria	sclerotic Cardio	wascular Dies	250
heart failure, asthenia, etc. It means the disease,			.x.da.culatLace	a p e
injury or complication which caused death.)	DUE TO			Marie and a
ANTECEDENT CAUSES				
Z DISEASES OR CONDITIONS, IF ANY, GIVING OR RISE TO THE ABOVE CAUSE (A) STATING THE		***************************************		•• ••••••••••••••••••••••••••••••••••••
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO			
4	(C)	***************************************	***************************************	
U II				
OTHER SIGNIFICANT CONDITIONS CON-				
TO THE DISEASE OR CONDITION CAUSING IT.		TION		L 20 AUTORGY2
1 ISSUEDATE OF GLERATION	FINDINGS OF OPERA	TION		YES NO
A LINDS NING TO OR CONTRIB about home, far	E OF INJURY (e. g., in om, factory, street, office bldg., etc.		f in Baltimore City, give	e exact location)
UTING CAUSE OF DEATH.				
2 21D. TIME (Month) (Day) (Year) (Hour) 2	IE. INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
	HILE AT NOT WHILE			
22. I certify that I took charge of the r		ove, held an partial	autopsy	thereon and from
		Autopsy, I	nspection or Inquiry	
the evidence obtained by said Autop and death in my opinion resulted fr	sy, inspection or in om: natural causes	K, accident \square , suicide	\(\begin{array}{ll}\), homicide \(\begin{array}{ll}\), und	letermined \square .
23A. SIGNATURE		23B. CHIEF MEDICAL E ASSISTANT MEDICAL E	XAMINER 23c,	DATE SIGNED
24A. BURIAL, CREMA-1 24B. DATE	M.D	MEDICAL INVESTIGATO	JR	
24A. BURIAL, CREMA- 24B. DATE 22 TION, REMOVAL (Specify)	THE OF THE IER	CREMOTORY 240 CC	To the Lates, town, or	Collar State)
Dural 1/02/17,1862 1	refunes 111	emonal as	MANAS	
DATE RECEIVED BY REGISTRA'S SIGNATURE LOCAL REGISTRAR Turturator	Eliams, M. S	5. PUNERAL DIRECTOR	in on	BORES 322
MAY 1 4 1952 1 Juning	Manny 3 17	BOKALLE WILL	Grand H. Koll	norderlas
V S 151				



N-460

BIRTH NO.

(Type or Print)

HOSPITAL OR INSTITUTION Jyman Pk.

1. NAME OF DECEASED

A. Baltimore City, Maryland

c. Length of stay in Baltimor

10a. USUAL OCCUPATION (Giveki work done during most of working life, even if ret

15. WAS DECEASED EVER IN U.S. AF
(Yes, no or unknown) (If yes, give war or

Mate 13. FATHER'S NAME

18.

NOL

CA

E. RTI

111

U

EDICA

LYING OR CONTRIBUTING

deceased alive on NOV

CAUSE OF DEATH

23A. SIGNATURE

D.W. Patrick

3. PLACE OF DEATH:

B. FULL NAME OF

UNF	Phvs
PLE E WRITE PLA	Jortant.
	im
PLA	ecially
TE	esn
WR	P. 18
9	20
PLE	Corre

				X	
52 4553		TIMORE CITY HE	ALTH DEPARTMENT E OF DEATH	Registered No	4553
ME OF DECEASED or Print) RUDOLPH	WALLER			2. DATE OF DEATH May	14, 1952
ACE OF DEATH: Itimore City, Maryland L NAME OF (If not in hospite	l or institution	on, give street address or	4. USUAL RESIDENCE (W. A. STATE Virgini	B COUNTY	stitution: residence before admission)
TAL OR US Public H TUTION HOSDIT IN Pk. Drive & 31st	ealth S	ervice location)	c. CITY OR TOWN (If c	outside corporate limits,	write RURAL and give township)
ngth of stay in Baltimore	?	Yrs. Mos. Days	D. STREET ADDRESS (If r	ural, give location)	
M W	WIDOWI	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH 2/24/77	9. AGE (In years little last birthday) Mon-	nder I Year If Under 24 Hours ths Days Hours Min.
SUAL OCCUPATION (Give kind of during most of working life, even if retired) Mate	108. KIND	of Business or INDUSTRY Seafarer	11. BIRTHPLACE (State or for Virginia	reign country)	2. CITIZEN OF WHAT COUNTRY?
William H. Waller			14. MOTHER'S MAIDEN NA Rachael A. Shao		
AS DECEASED EVER IN U.S. ARMED or unknown) (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO. 229-18-5444	17. INFORMANT Records- US PHS		DRESS alto, Md.
DISEASE OR CONDITION	DIRECTIV	CAUSE (OF DEATH		INTERVAL BETWEEN
LEADING TO DEAT (This does not mean the mode o heart failure, asthenia, etc. It meas injury or complication which c	H f dying, e.g. ns the disease		arcinoma of the pr	costate	Unknown
ANTECEDENT CAUS DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	ANY, GIVING STATING THI	(B)	arcinoma of pancre n hepatic metastas	eas, suspecte	d Unknown
OTHER SIGNIFICANT CONDI	TIONS CON				

TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDER. 218. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR?

OF INJURY WHILE AT NOT WHILE WORK

AT WORK 22. I hereby certify that I attended the deceased from-

1952 and that death occurred at 3:05Am., from the causes and on the date stated above. 238. ADDRESS 235. DATE SIGNED US PHS Hospital, Balto, Md. cer in Charge

19 52 to May

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE BULIA 1952 OSP REGISTRAR'S SIGNATURE

24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

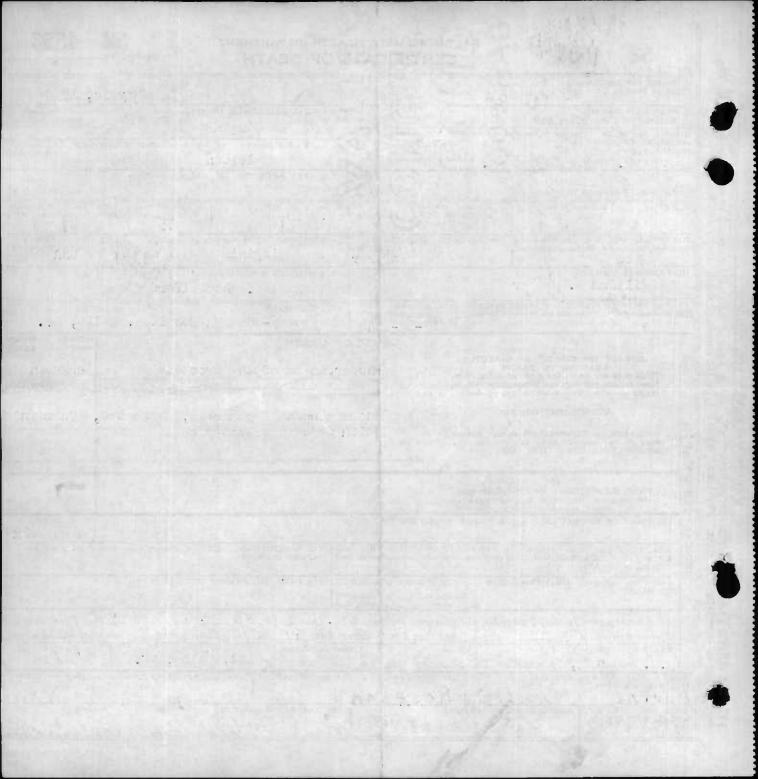
20. AUTOPSY

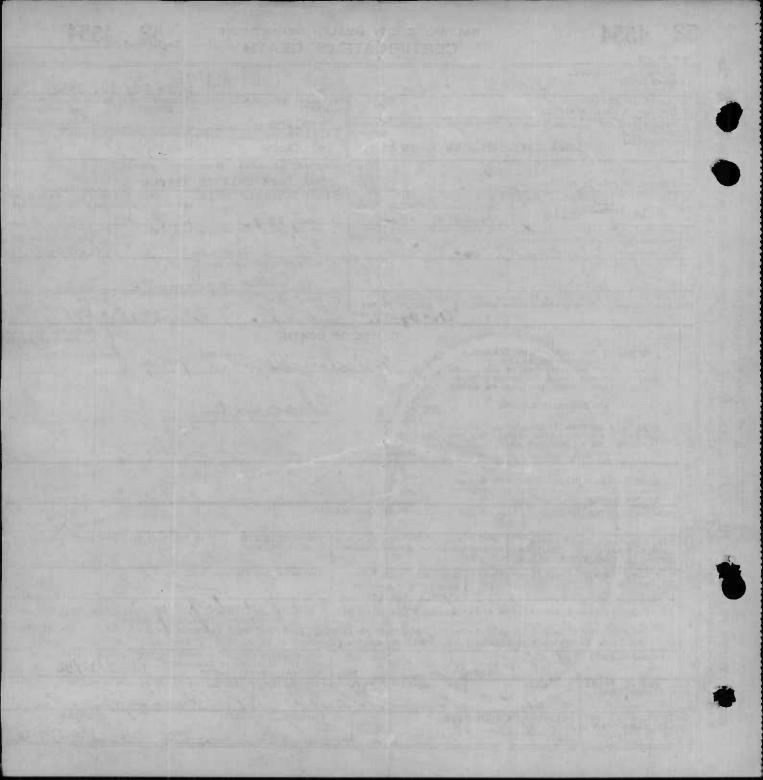
YES

1952 that I last saw the

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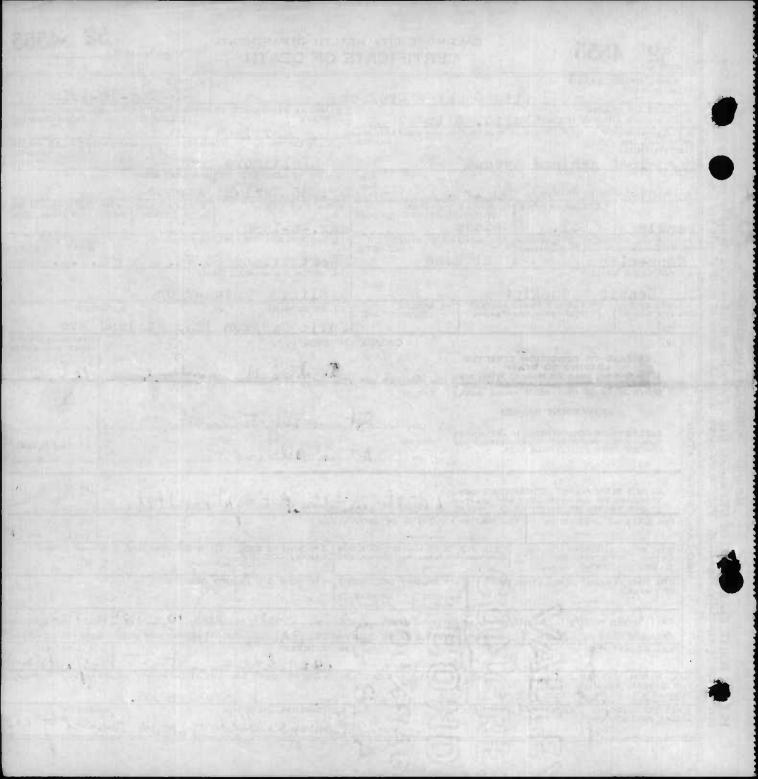
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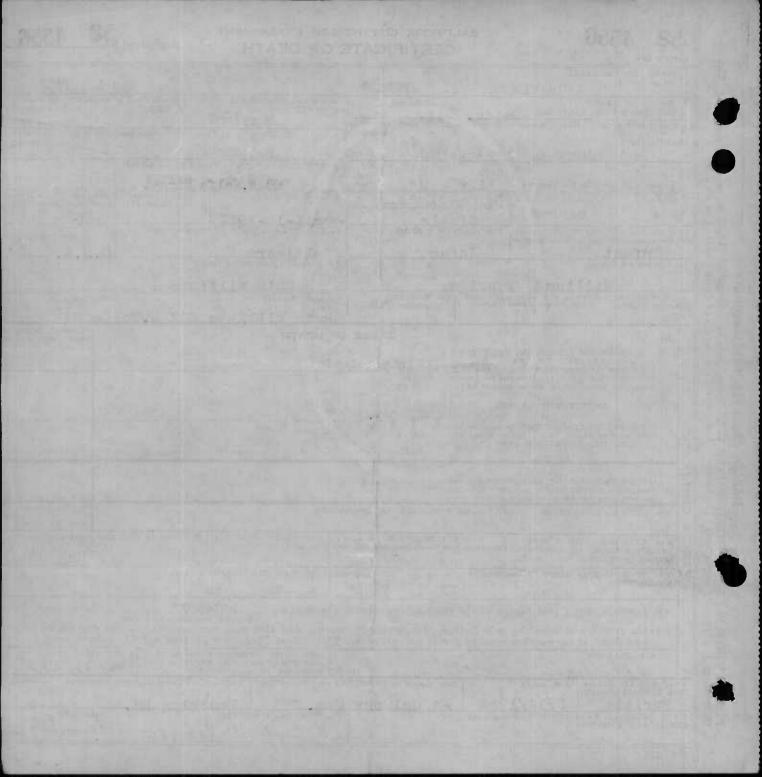




VS 150

The	TO AESS	EALTH DEPARTMENT 52 4555 E OF DEATH Registered No.
H	I. NAME OF DECEASED (Type or Print) Hattie Gaskins Croxs	on 2. DATE OF May-10-1952
sn	a. Baltimore City, Maryland Balto. City B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location	
À	1635 Ashland Avenue	Baltimore township) D. STREET ADDRESS (If rural, give location)
be cand leg	c. Length of stay in Baltimore 50 Yrs. 6. COLOR OR RACE 7. SINGLE, MARRIED.	1635 ASNIAND AVENUE 8. DATE OF BIRTH 9. AGE (In years) 11 Under 1 Year 11 Under 24 Hours
rould	Female Col. WIDOWED, DIVORCED (Specif Widow IDA, USUAL OCCUPATION (Give kied of IDA, USUAL OCCUPATION (Give kied of IDA, KIND OF BUSINESS OR	last birthday) Months Days Hours Min. Aug5-1880 71 II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
information should be of death clearly and	work dooe during most of worklog life, even if retired) Housewife 13. FATHER'S NAME	Westmorland Co. Va. U.S.A.
forma f deat	Dennis Gaskins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Eliza Richerson
of in	(Yes, no or onknown) (If yes, give war or dates of service) SECURITY NO.	Julia Croxson 1635 Ashland Ave
Every item of i	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Cerillal Hammahaye 12 hours
UNFADING INK. Physicians: please	ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	trume Hypetensions truis Delensid Severy years
UNFAD Physicia	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	itation Partilly Strangulated period and chronis Neplinto
H	<u> </u>	TATION 20. AUTOPSY? YES NO
WITE important.	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg CAUSE OF DEATH	INJURY OCCUR?
AII	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK	E
TE PL especia		, 1962, to May 10, 1952, that I last saw the arred at 3 A. m., from the cluses and on the date stated above.
WRITE	23A. SIGNATURE 24A. BURIAL, CREMA-1 24E DATE 14C. NAME OF CEMET	23B. ADDRESS 23C. DATE SIGNED (State)
E B	Burial 5/15/1952 Mt Calvery Date Received By Registrar's SIGNATURE	
PLE.	LOCAL REGISTRAR	Elas Millelson In Breathy Me





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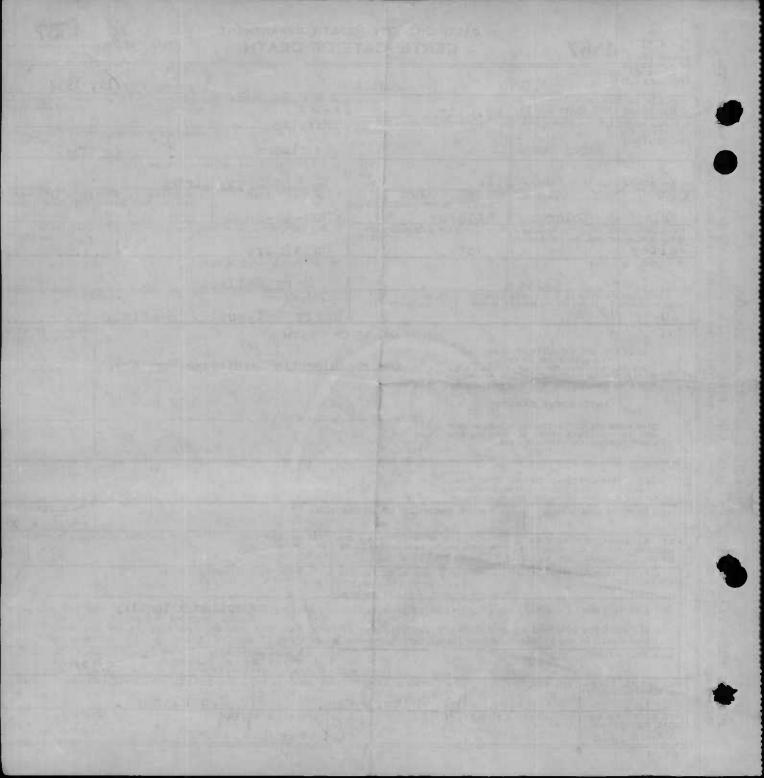
WHAT COUNTRY? ADDRESS Harry Wallace2129 Madison INTERVAL BETWEEN ONSET AND DEATH (A) Arteriosclerotic Cardiovascular Diseas 20. AUTOPSY NO X YES (If in Baltimore City, give exact location) 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23c. DATE SIGNED 23B. CHIEF MEDICAL EXAMINER T ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 240. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 248. DATE Calvery Cem Brooklyn Burial 5/15/1952 ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR unlington

May 11.

before admission)

12. CITIZEN OF

township)



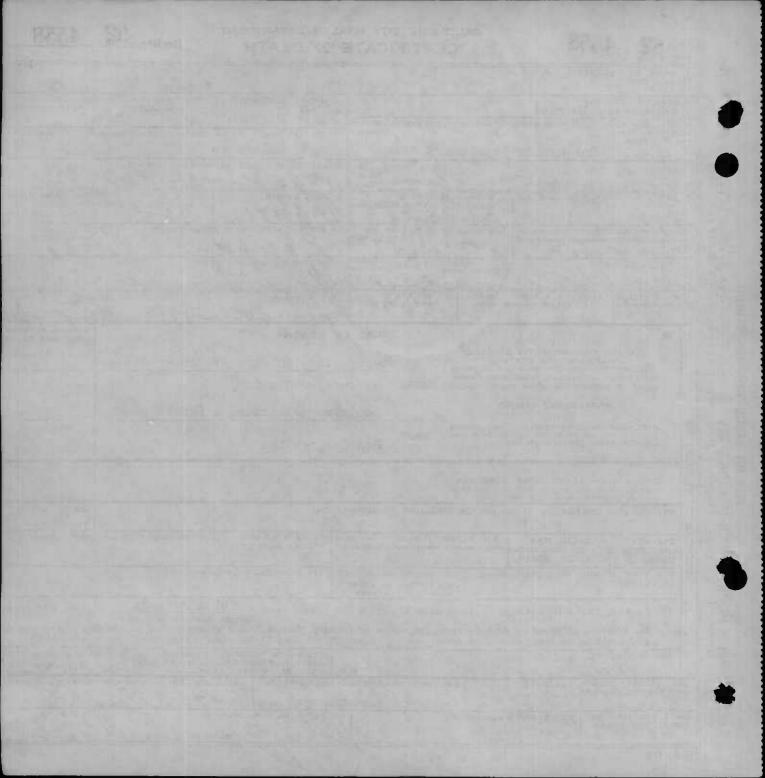
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2	
52 IRTH NO.	4558
NAME OF Type or Print	
Baltimore	City, Mar
FULL NAM OSPITAL OF ISTITUTION	7
. Length of	stay in Ba

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4558

BIRTH NO.	
1. NAME OF DECEASED	2. DATE OF 1/2 20 20 20 20 20 20 20 20 20 20 20 20 20
(Type or Print) FRANCES KAI	INAUSKAS DEATH May 13, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) Maryland
B. FULL NAME OF (If not in hospital or institution, give street address location) INSTITUTION	on) c. CITY OR TOWN (If outside corporate limits, write RURAL and give
University Hospital	Baltimore 25-52
Yr	
c. Length of stay in Baltimore 46 De	1803 Morrell vark-live
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specific Report of the Color of th	8. DATE OF BIRTH 9. AGE (in years of Under 1 Year of Under 24 Hours of Under 24 Hour
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	
work done during most of working life, even if retired) at home INDUST	Poland WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Inche Walians base	Muses Tomemore
15/WAS DECEMBED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS / S AT
(Y, no or unknown) (If yes, give war or dates of service) SECURITY NO	Mrs Matthew M. Writes Stricke
18. 4.20.1 . CAUS	SE OF DEATH
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g.,	riosclerotic cardiovascular disease
heart failure authoria etc. It means the disease	ronary occlusion
ANTECEDENT CALLERS	
(B) Hu	ptured myocardial infarct
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	COLUMN TO THE REAL PROPERTY.
UNDERLYING CONDITION LAST.	mopericardium
<u>U</u> 11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OR	PERATION 20. AUTOPSY7 YES X NO
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. about bome, farm, factory, street, office bill uting CAUSE OF DEATH.	
Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU OF INJURY NOT WE WHILE AT NOT WE	HILE []
m. work AT WO	
22. I certify that I took charge of the remains describe	
the evidence obtained by said Autopsy, Inspection of and death in my opinion resulted from: natural car	or Inquiry, find that said deceased died on the day stated above uses \square , accident \square , suicide \square , homicide \square , undetermined \square .
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER 25 M.D. MEDICAL INVESTIGATOR
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMITION REMOVAL (Specify)	ETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 3/16/34 How the	deemer 6 em 4430 Belair RA.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAY Tuntington Williams	25. FUNERAL DIRECTOR ADDRESS STORY
V S 151	



4559

Registered No.

before admission) B. COWNTY (If outside corporate limits, write RURAL and give

If Undet 24 Hours last lirthday) Months Days Houra Min.

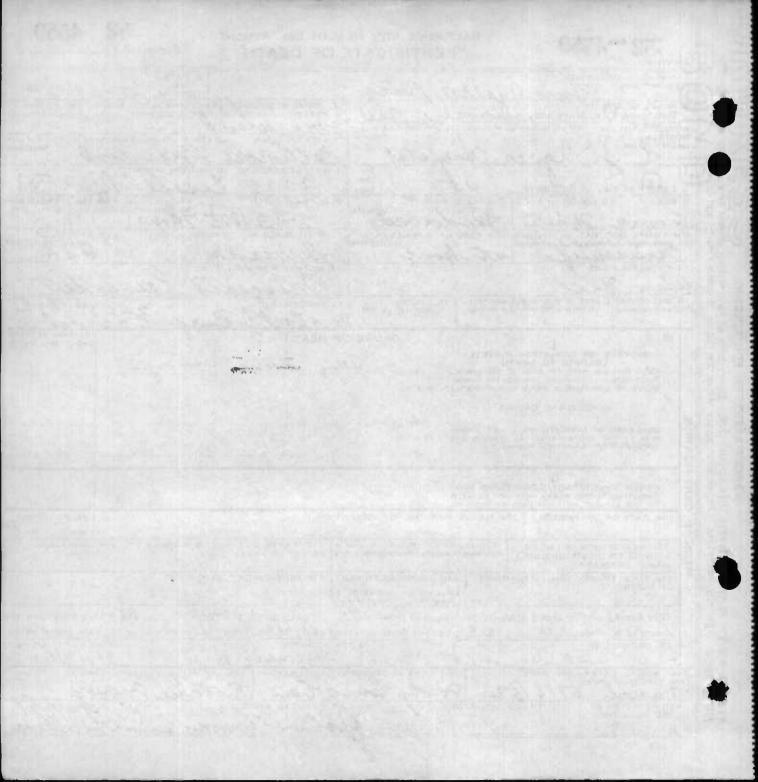
12. CITIZEN OF WHAT COUNTRY

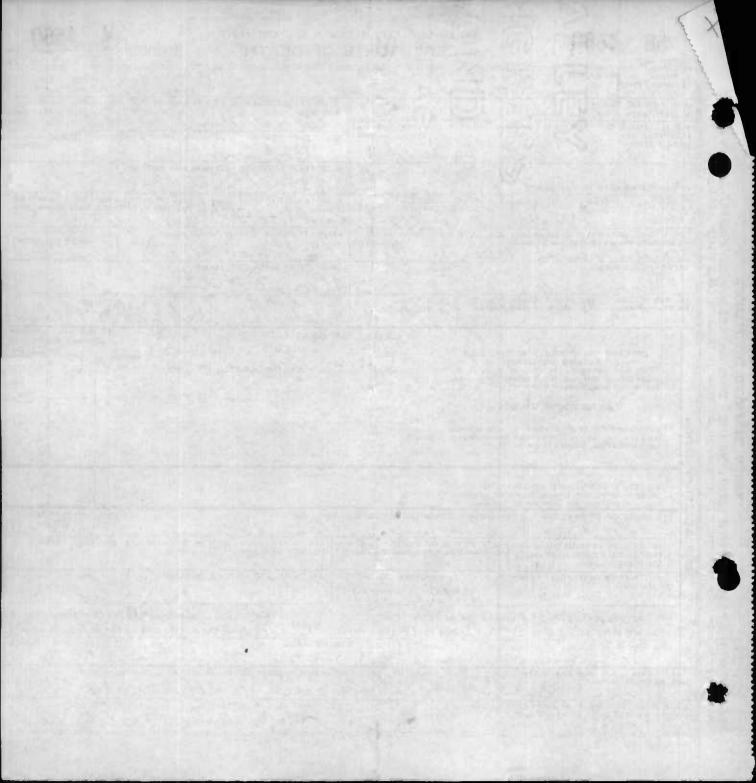
ONSET AND DEATH

20. AUTOPSY YES

> 194 that I last saw the 23c. DATE SIGNED

24D. LOCATION (City, town, or county)



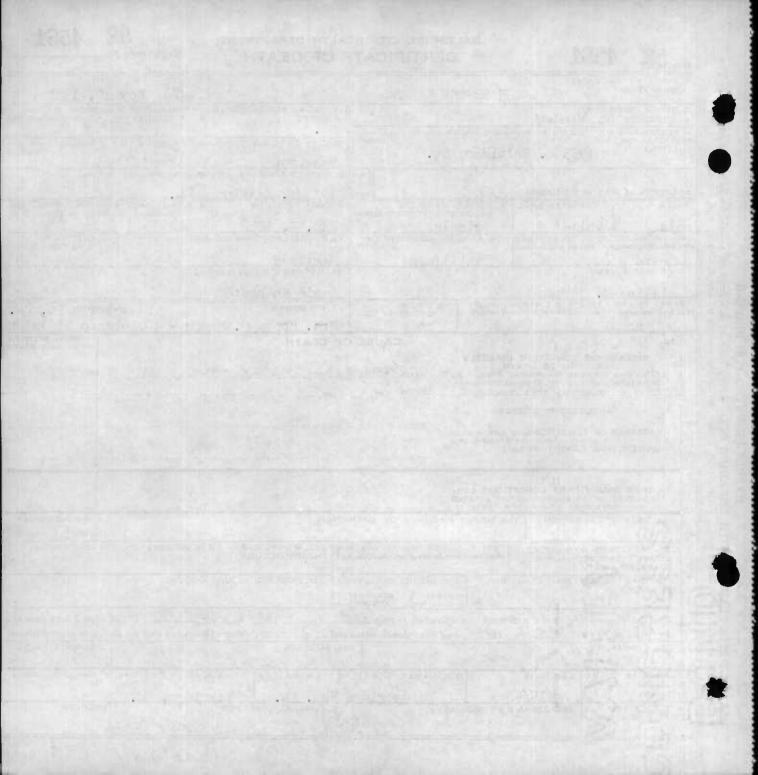


52 4561 BALTIMORE CITY HEALTH DEPARTMENT 4561 Registered No. CERTIFICATE OF DEATH 2. DATE I. NAME OF DECEASED (Type or Print) OF LEIGH BROOKE HARMAN May 12, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Md. B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 1933 W. Baltimore St. township) Baltimore Yrs. o. STREET ADDRESS (If rural, give location) on should be care 1933 W. Baltimore St.

8. DATE OF BIRTH

9. AGE (In years | H Under 1 Year last birthday) | Months Days Hours Min. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single Jan. 3 1888 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information Distillers Maryland Guard 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME William H. Harman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) Annie Bathgate 16. SOCIAL 17. INFORMANT Pittyburgh 28. Pa. SECURITY NO. causes Mrs. Rheba G. Moore - 10 Lebanon Hills Dr INTERVAL BETWEEN item 18. 200.1 CAUSE OF DEATH ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenla, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO ADING UNDERLYING CONDITION LAST. UNFADING Physicians: FICA (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY ecially WHILE AT NOT WHILE! WORK 22. I hereby certify that I attended the deceased from Self , 19 that I last saw the espe RITE is espi declased dive on My 12 and that death occurred at 8 1920 m. from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23C. DATE STONED di M 24A BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) 24B, DATE 5/15/52 Meadworidge Mem. Pk. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



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BALTIMORE CITY HEALTH DEPARTMENT

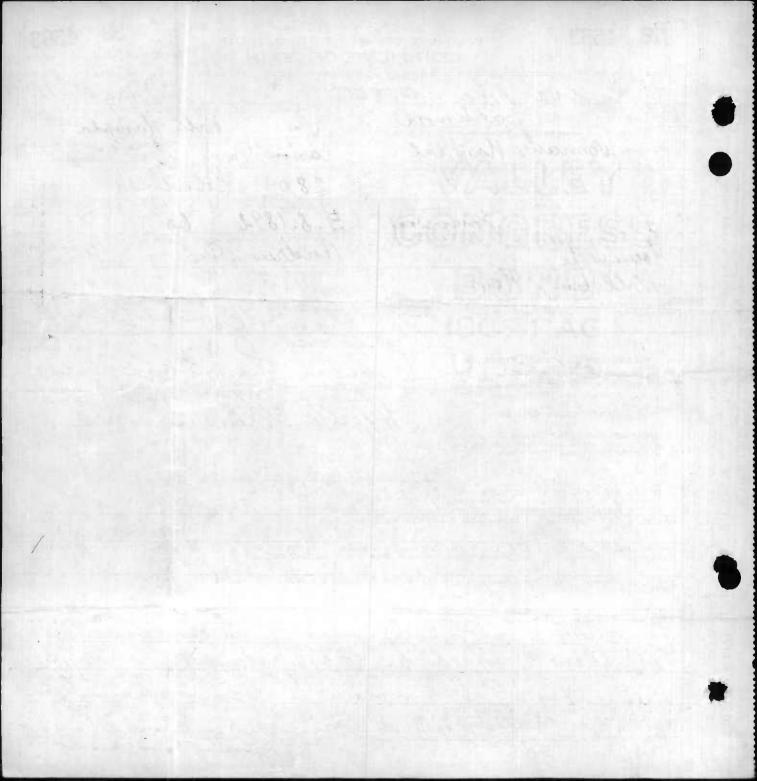
52 4563

Registered No.

-	IRTH NO.		
	NAME OF DECEASED Wa Mar &	rest	2. DATE OF May 11 - 190
Α.	PLACE OF DEATH: Baltimore City, Maryland Boltimore FULL NAME OF (If not in hospital or institution, give street)	A. STATA	Where deceased lived, If institution; residence before admiss
HC	OSPITAL OR Woman's Hosp, Cal	1	If outside corporate limits, write RURAL and towns
7 c.	. Length of stay in Baltimore	Yrs. Mos. Days	Jura give location)
5.	SEX 6. COLOR OR RACE 7, SINGLE, MARRIED. WIDOWED, DIVORCE Marrier	(Specify) 8. DATE OF BIRTH 5.8.1892	9. AGE (In year ii Under Year last birthday) Months Days Hours I
10/ work	DA. USUAL OCCUPATION (Givekind of IOB, KIND OF BUSINES the done during most of working lift, even if retired)	SS OR II. BIRTHPLACE (State or IDUSTRY CHOCKES,	foreign country) 12 CITIZEN OF WHAT COUNT
13.	William Henry	14. MOTHER'S MAIDEN N	NAME
15. (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL se, no or unknown) (If yes, give war or dates of service) SECURI	TY NO. 17 NFORMANT & EN	et 2809 Literty de
1	injury or complication which caused death.) DUE TO		
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Rypertensis Con	lie Vasculs Daine 64
TIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Hypertensier Can	dis-Vascula Daine 64
ERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	Hypertensis Can	dis-Vascula Dzine 64
AL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Hypertensis Can	
EDICAL CERTIFICATI	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS (C) 19B. MAJOR FIND	RY (e. g., in or 21c. WHERE DID	20. AUTOPS) YES NO (If in Baltimore City, give exact location)
DICAL CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS (C) 19B. MAJOR	RY (e. g., in or 21c. WHERE DID ,office bldg.,etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
EDICAL CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS (CONDITION CAUSING IT. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY BOOK HOME, Surprise Specify (Year) (Hour) 21E. INJURY OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from the condition of the	OCCURRED 21F. HOW DID INJURY OF WHILE AT WORK 19 1, to	VES No. (If in Baltimore City, give exact location) RY OCCUR? May 11, 195, Khat I last sau
EDICAL CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS (CONDITION CAUSING IT. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY BOOK HOME, Surprise Specify (Year) (Hour) 21E. INJURY OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from the condition of the	RY (e. g., in or confice bidg., etc.) INJURY OCCUR? OCCURRED 21F, HOW DID INJURY OCCUR?	(If in Baltimore City, give exact location)
MEDICAL CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS (A) PROBLEM (Specify) 21B. PLACE OF INJURY (Specify) AND IMPROVAL (SPECIFY) (A) PROBLEM (A	RY (e. g., in or of control of co	(If in Baltimore City, give exact location) RY OCCUR? May 11, 19 5, that I last sau the causes and on the date stated ab

VS 150

Huntington Williams, M. Reinanthe Finnal Surves Emmans



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	he	BI	RTH NO.			CERTIFICATE	- OI
			NAME OF D		xander	H. Anderson	
a.		Α.		City, Maryland			4. U!
	y sul	HC	FULL NAME SSPITAL OR STITUTION		Frankl:	tion, give street address or location) In St.,	c. CI
	car	C.	Length of st	tay in Baltimore		23 = Yrs. Mos. Days	D. ST
	uld be		Male	6. COLOR OR RAC	7. SINGL WIPOV Wide	E. MARRIED, VED, DIVORCED (Specify) OWER	8. DA
	n sho	work	done during most o	CUPATION (Give kin of working life, even if retine Ker		of Business or INDUSTRY	11. B
	information should be car	13	. FATHER'S N				14. M
16			Josep	h Anderso	n		Jı
BINDING	of	15 (Yes	, no or unknown)	ED EVER IN U. S. ARI	MED FORCES? lates of service)	16. SOCIAL SECURITY NO. 217-01-4819	17. In
RESERVED FOR	INK. Every item please write the car	ICATION	(This does heart failu injury or DISEASES RISE TO T	GE OR CONDITION LEADING TO DI not mean the mod re, asthenia, etc. It r complication which ANTECEDENT CA GOR CONDITIONS HE ABOVE CAUSE (YING CONDITION	EATH e of dying, e. neans the disean caused death USES G. IF ANY, GIVII A) STATING T	g., (A) Se, se, h.) DUE TO	DF D 20 20 20 20 20 20 20 20 20 2
MARGIN	UNFADING Physicians:	CERTIFI	TRIBUTING	IGNIFICANT CON TO THE DEATH, B ISEASE OR CONDIT	UT NOT RELAT	ED	••••••
	WITH rtant.	CAL	19A. DATE C	F OPERATION O		R FINDINGS OF OPER	
7	8	MEDIC	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	
	AIN Illy im	2	21d. TIME (OF INJURY	(Montb) (Day) (Ye	ear) (Hour)	21E, INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 2

23A/SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

VS 150

Burial

BALTIMORE CITY HE CERTIFICATE		52 Registered No	456
ler H. Anderson		OF May	13, 1952
nstitution, give street address or location) aklin St., 23-Yrs. Mos. Days	A. USUAL RESIDENCE (WASTATE Md. C. CITY OR TOWN (If Baltimore D. STREET ADDRESS (IF 2512 W. France)	a. COUNTY outside corporate limits, outside corporate limits, outside corporate limits,	before adi
ingle, married, vidowed, divorced (Specify) /idower	8. DATE OF BIRTH 11/12/1887	9. AGE (In years lift) Mont	ds I Yesi hs Days Hour
KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 1	2. CITIZEN O WHAT COL

Julia

17. INFORMANT

CAUSE OF DEATH

22. I hereby certify that I attended the deceased from Mon deceased alive on 13, 1952, and that death occurred at

00m

REGISTRAR'S SIGNATURE

5-15-1952

248, DATE

ti I Yesi A Under 24 Hours ns: Days Hours: Min. 2. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME ADDRESS Ruth H. Edmunds 2512 W. Franklin St. INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21F, HOW DID INJURY OCCUR? , 1942, that I last saw the from the causes and on the date stated above. 23c. DATE SIGNED

ADDRESS

3207 W. North Ave.

Woodlawn.

4564

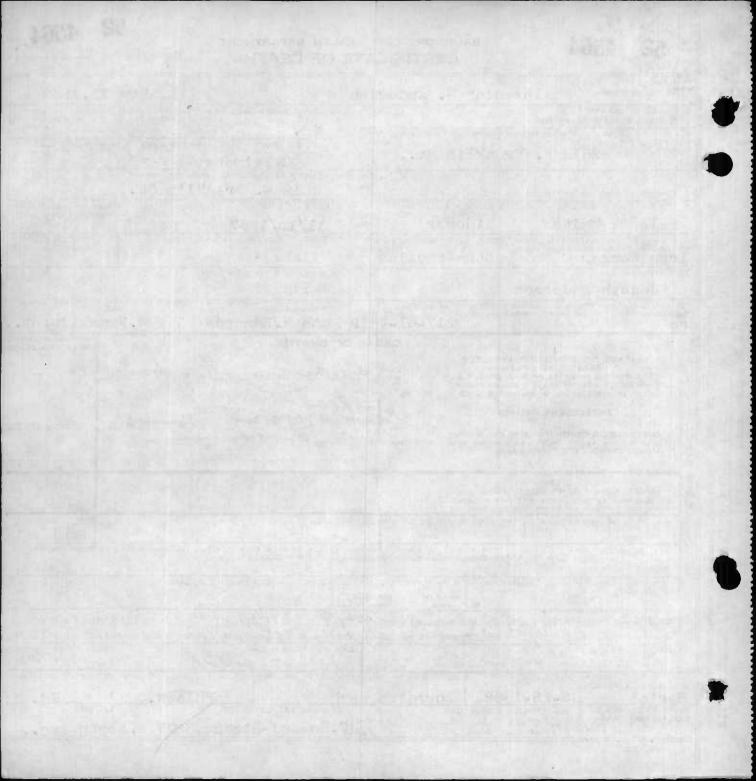
titution : residence before admission) RULAL and give township)

24c. NAME OF CEMETERY OR

Lorraine Park

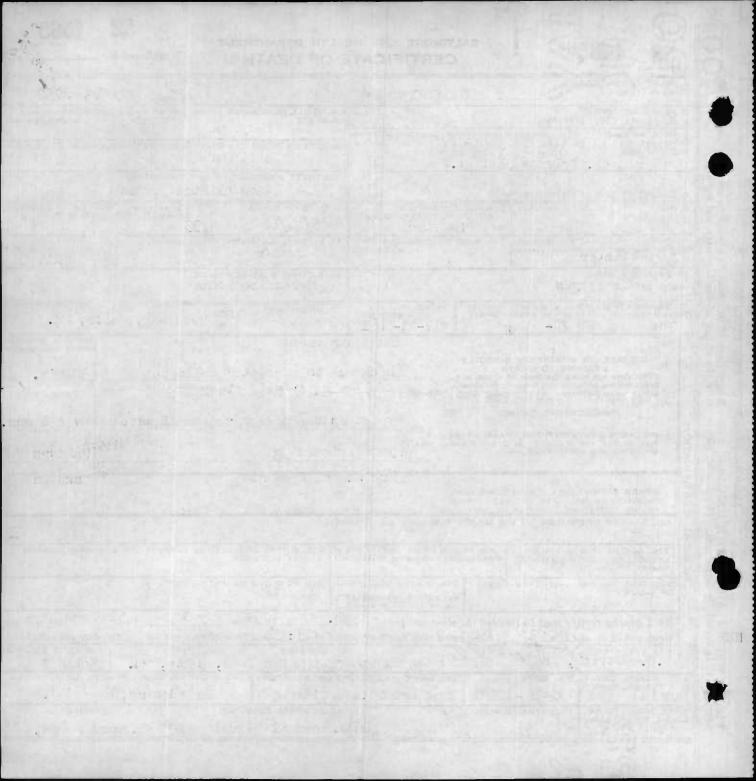
23B. ADDRESS

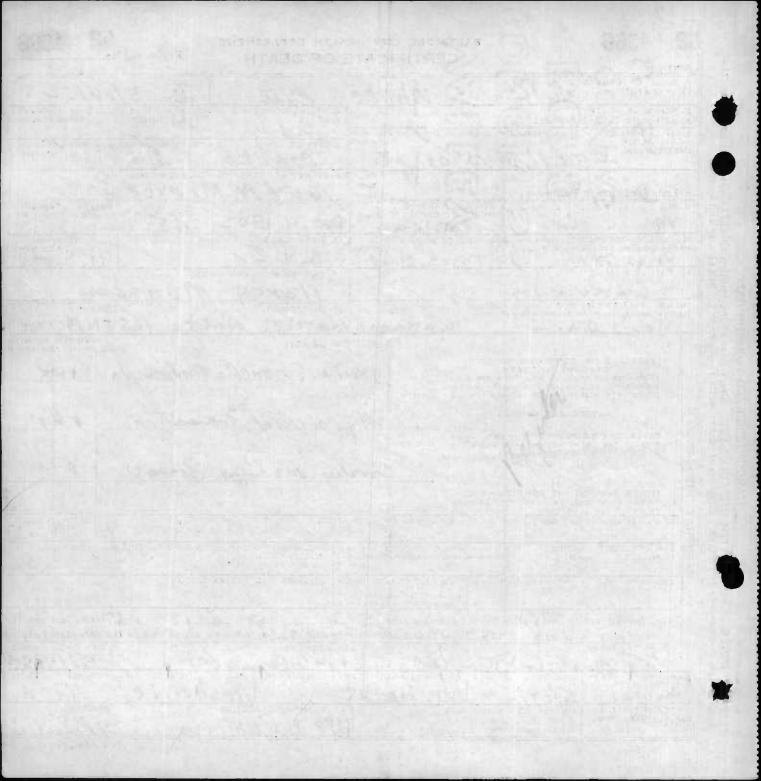
25. FUNERAL DIRECTOR



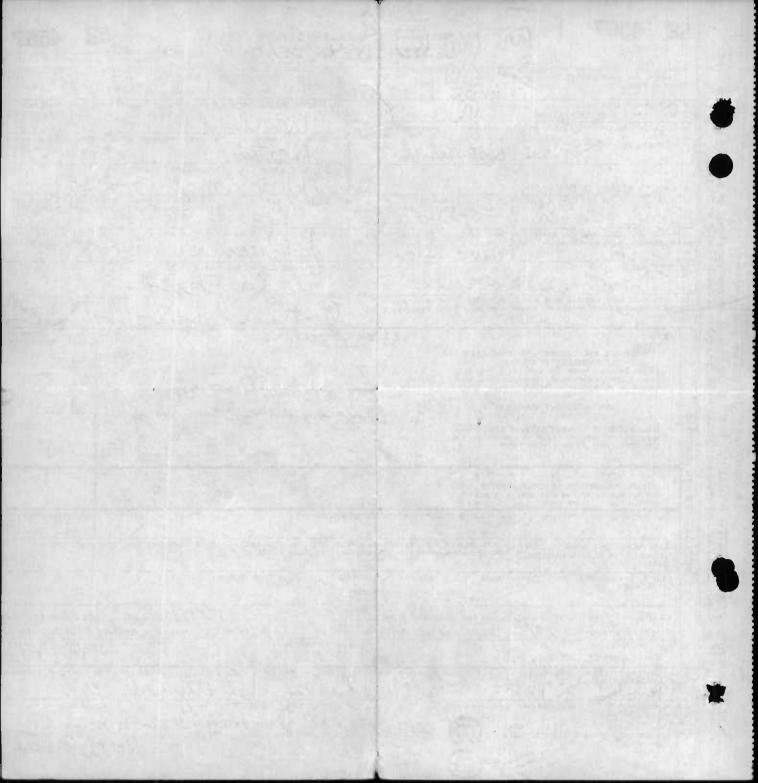
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FOR





1	40,000		
5	2 4557 BALTIMORE CITY HEALTH DE		2 4567
ВІ	CERTIFICATE OF D	EATH Registered No.	
1. (T:	NAME OF DECEASED HONDY KNOW!	2. DATE OF 5 //	4/52
	PLACE OF DEATH: Baltimore City, Maryland A. STATE	RESIDENCE (Where deceased lived, If ins	titution : residence before admission
. !	FULL NAME OF (If not in hospital or institution, give street address or	R TOWN . (If outside corporate limits, w	wite PIIDAL and alw
N	Sinai Jospital 13	attinge 5	township
0	Length of stay in Baltimore Yrs. Mos. Days	ADDRESS (If rural, give location)	St.
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Apocity)	F BIRTH 9. AGE (in years li Und last birthday) Month	or I Year H Under 24 Hours
10.	male maried	900 51	
ork	dope dring most of working life, even if retired)	PLAGE (State or foreign country) 12	CITIZEN OF
13	FATHER'S NAME	ER'S MAIDEN NAME	,001
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL WE INFOR	nda Freed	
Yes	, no or unknown) (If you, give war or dates of service) SECURITY NO.	Tude Koppel - 1611	N. Smallum
	18. 42011 CAUSE OF DEATH	н	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	socodial subortion	2 hours
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	are occurs	
	ANTECEDENT CAUSES	near thompson	Bunt.
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		***************************************
∢	UNDERLYING CONDITION LAST.		
TIFIC	OTHER SIGNIFICANT CONDITIONS CON-		
CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
נום בי	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJUR	HERE DID (If in Baltimore City, give	exact location)
Σ	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HO OF INJURY	OW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE T		
1	22. I hereby certify that I attended the deceased from 7//5~	, 19_, to 7/4/JV, 19_, t	
	236, ADDRES	ss from the causes and on the	3c. DATE SIGNED
24	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREM		5/19/12 county) (State)
TIS	Bendling 5/15/52 Beth Thiloh	- Batterial	ma (State)
	DCAL REGISTRAR	DIRECTOR A	DDRESS
M	AY 15 1957 Tuntington Welliams, Man Dol. C	Junson Ius - 1124	1-26 W.
	VS 150	E Nord	L Openie



MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4568

1. NAME OF DECEASED EDWARD A. FISCHER 2. DATE OF DEATH 5/12/5						
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE	E (Where deceased lived. B. COUNTY	If institution: residence before admission)			
B. FULL NAME OF (If not in hospital or institution, give str. HOSPITAL OR	eet address or location) c. CITY OR TOWN	(If outside componers lin	nits, write RURAD and give			
INSTITUTION 1816 S. CHARLES ST.	BALTI	MORE 1	3 - O wnship)			
	37.	(If rural, give location)				
c. Length of stay in Baltimore	Days 8/6 3	. CHARLES S				
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIE WIDOWED, DIVOR MARRIED	CED (Specify)	9. AGE (In years last birthday)	If Under I Year If Under 24 Hours Months: Days Hours Min.			
10A. USUAL OCCUPATION (Give kind of rork done during most of working life, even if retired)	NESS OR 11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
WATCHMAN GLASS CO		RE, MD	WHAT COOKINT			
13. FATHER'S NAME	M/ 14. MOTHER'S MAIDE	N NAME	/			
JOHN B. FISCHER	EMMA	MEYER				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCI	AL 17. INFORMANT	_	ADDRESS			
SECO	EMMA M. I	- ISCHER 1816	S.CHARLES ST.			
18. 002 X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hast failure as though set. It was a thing set.						
DISEASE OR CONDITION DIRECTLY	P. A	21.	ONSET AND DEATH			
(This does not mean the mode of dying, e.g., (A)	Tulmonary	- andrie	ulos			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
ANTECEDENT CAUSES						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE T	0					
UNDERLYING CONDITION LAST.						
OTHER SIGNIFICANT CONDITIONS CON-						
TRIBUTING TO THE DEATH, BUT NOT RELATED						
19a. DATE OF OPERATION 19b. MAJOR FINDING	S OF OPERATION		20. AUTOPSY?			
O LOS DE LA COLOR			YES NO			
21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, at CAUSE OF DEATH		(If in Baltimore City	, give exact location)			
21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING About home, farm, factory, street, office bldg., etc.) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUT						
						22. I hereby certify that I attended the deceased
deceased alive on 19 and that		the date stated above.				
23A. SINATURE	23B. ADDRESS	A A	23C PATE SIGNED			
dhus mucharath	M.D. Itkan	NUT	13/14/52			
24A. BURIAL, CREMA- TION REMOVAL (Specify) 24C. NAME	0	4D. LOCATION (City, tov	vn, or county) (State)			
BURIAL 5/15/52 LOUDE	IN PARK IF	-REDERICK I	D			
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIREC	TOR	ADDRESS			
MAY 15 1952 Tuntington Wellia	MA JOHN F. D	ENNY, INC 7	15 LIGHT ST			
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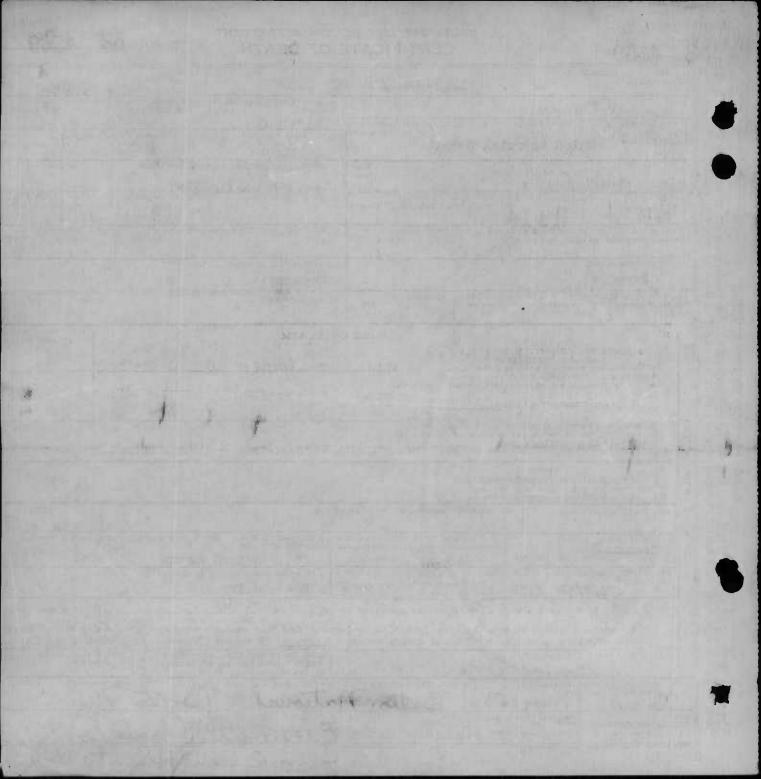
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	1	MARGIN	RESERVED	MARGIN RESERVED FOR BINDING	1
PLE JE WRITE PLAIN	WITH	MITH UNFADING INK. Every item of in	INK. Eve	ry item of information should be call ly sured. The	N
correct age is especially in	portant.	Physicians:	please write	ally important. Physicians: please write the causes of death clearly and legibly.	-

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 52. 4569

BIRTAINOU	
1. NAME OF DECEASED (Type or Print) A. S. BRYSON DE-HAAS	MC CLOSKEY 2. DATE OF DEATH April 7, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF ''f not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION Union Memorial Hospital	township)
	Baltimore
Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	404 Woodford Avenue
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE (In years It and I year last birthday) 9. AGE (In years It and I year last birthday) Months: Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work dono during most of working life, oven if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
heart failure, asthemia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Degree Burns of 100% of the body
TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	AATION 20. AUTOPSY?
	YES Y NO
21a. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. about home, farm, factory, atreet, office bidg., e	n or 21c. WHERE DID (If in Baltimore City, give exact location)
	404 Woodford Avenue
OF INTERV	
4/1/22 4:00 a.m. WORK AT WORK	
22. I certify that I took charge of the remains described a	above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Inquiry, find that said deceased died on the day stated above, \square , accident \square , suicide \square , homicide \square , undetermined \square .
Mulliain Uxoux	236. CHIEF MEDICAL EXAMINER
24A. BURIAL, CREMA- 24B. DATE 7 21d. NAME OF CEMETER TION, REMOVAL (Specify)	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAY 1 5 1052	25. FUNERAL DIRECTOR ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT

ADDRESS

Registered 1 CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; resu A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or instruction, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give leation, Mos. c. Length of stay in Baltimore Days 6. COLOR OF RACE 7. SINGLE, MARRIED. AGE (In years | N Under 1 Year | N Under 24 Hours last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify r'dan 10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of worklog life, eveo If retired) 12. CITIZEN OF INDUSTRY May 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unkoqwo) (If yee, give war or dates of service) SECURITY NO. My INTERVAL BETWEEN 201 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 RTI OTHER SIGNIFICANT CONDITIONS CON-[1] TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES NO 218. PLACE OF INJURY Jan., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT m. WORK 22. I hereby certify that I attended the deceased from Fler 1942, that I last saw the from the causes and on the date stated above. and that death occurred at. deceased alive on 23C DATE SIGNED 24c. NAME OF CEMETERY OR CREMATORY 24A BURLAL TION REMOVAL OREMA-241. LOCATION (City_town, or county) Oviloni UMAK

25. FUNERAL DIRECTOR

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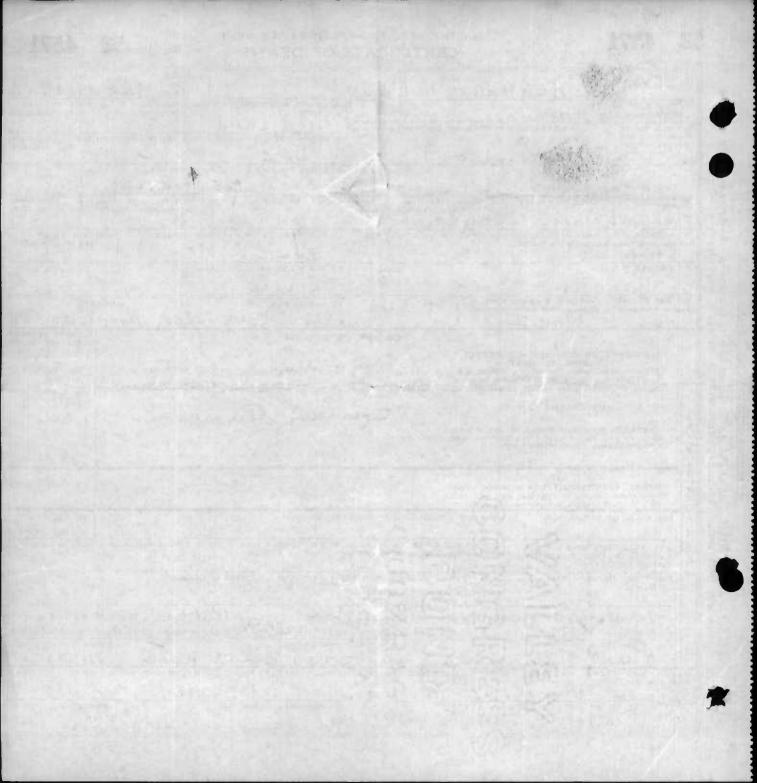
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BALTIMORE CITY HEALTH DEPARTMENT

Registered 52 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF HERBERT DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or MaryLANG HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits write LURAL and give INSTITUTION 2305 ONTICELL ALTO. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 305 TONTICELLO c. Length of stay in Baltimore Days information should be of death clearly and l 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (in years) 8. DATE OF BIRTH If Under 1 Year If Under 24 Hours last birthday) | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) MOLE WHITE Marriel 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? AWYER DQLTO , 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vacos 16616 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO. WAR MONTICELLO of CAUSE OF DEATH item 420. Ca ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. NOL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) .. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH EDICAL important. NO YES 21B. PLACE OF INJURY (e.g., in or) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WRITE PLAI NOT WHILE! WHILE AT 8 m. WORK AT WORK 1972 to May 14 22. I hereby certify that I attended the deceased from . 195 that I last saw the 1952 and that death occurred at 11-20 m. from the causes and on the date stated above. deceased alive on 51 by 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED au 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) ISQLTO. URIAL DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT

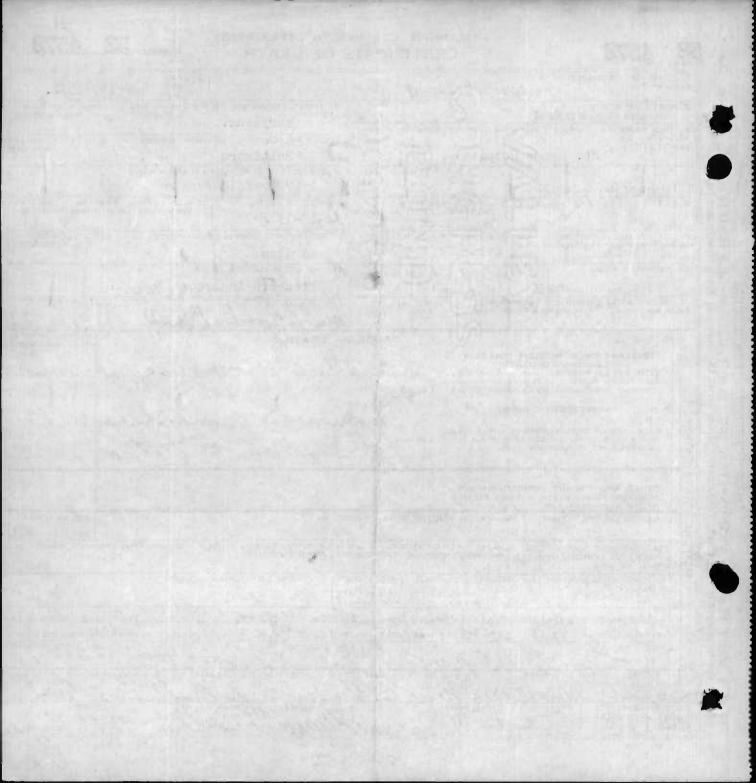
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ed. I	1. (T	NAME OF DECEASED ype or Print) Joseph E. Murphy	2. DATE OF DEATH May 13, 1952.
	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Maryland. B. COUNTY before admission
lly :	H	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION St. Agnes Hospital	
ca	c.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 1907 Griffis Avenue
uld be		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male White Separated	6-18-1912 39
on she clearl	work	A. USUAL OCCUPATION (Give kind of down during most of working life, even if retired) Clerk 10B. KIND OF BUSINESS OR INDUSTRY Crown, Cork & Seal	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY
NDING information should be ca s of death clearly and leg		John Murphy Dec'd	14. MOTHER'S MAIDEN NAME Elizabeth Anderson Dec'd
R BINDING em of inform causes of dea	(Yes	WAS DECEASED EVER IN U, S. ARMED FORCES? A, no or unknown) (If you, give war or dates of service) 16. SOCIAL SECURITY NO.	Mrs Elizabeth Bosak 1022 11 Contes
RESERVED FO INK. Every it	FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	sion Preumathoral (PT)
MARGIN H UNFADING Physicians: p	CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
WITH ortant.	DICAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO
W	MEDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)
Alla ally 2.		210. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK	
WRITE PL. ge is especia		John 6 Healer M.O.	238. ADDRESS 23C. DATE SKINED 5/13/52
LEASE r	TI	A. BURIAL, CREMA- 24B. DATE REMOVAL (Specify) May 17./932 ATE RECEIVED BY REGISTRAR'S SIGNATURE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

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DATE RECEIVED BY

REGISTRAR'S SIGNATURE Huntington

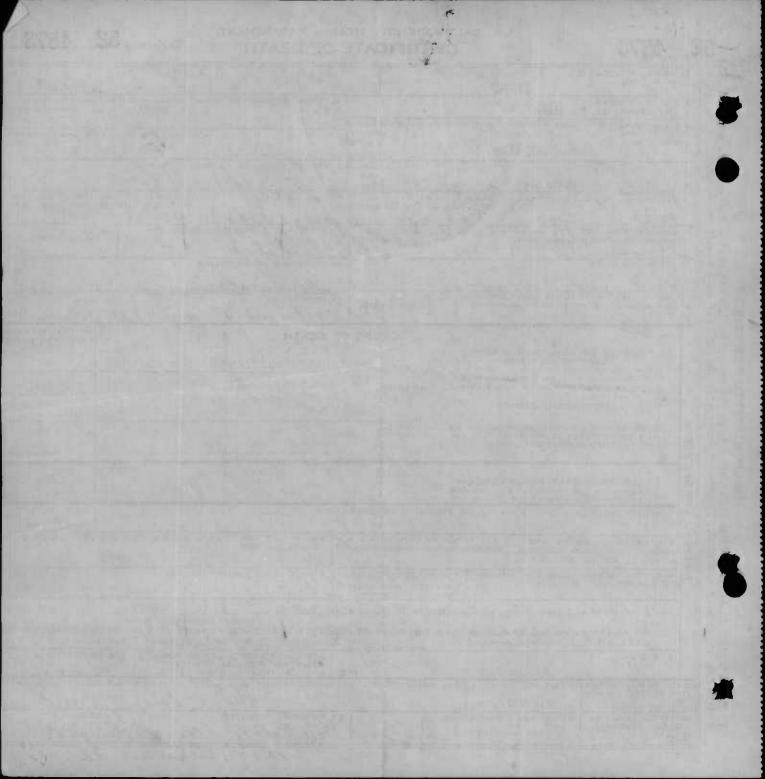
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

C5	4573	BA	ALTIMORE CITY HE CERTIFICATE	ALTH DEPARTMENT E OF DEATH	Registered 52	4573
The	I. NAME OF DEC (Type or Print)	CEASED IRENE	COLEMAN		2. DATE OF DEATH May 13,	1052
	3. PLACE OF DEA	ATH:	COLIMIAN	4. USUAL RESIDENCE (W		tution: residence before admission)
dns dl	B. FULL NAME O HOSPITAL OR INSTITUTION	Johns Hopkins Ho	ution, give street address or location)	Maryland c.CITY OR TOWN (If a	outside corporate limits, vi	ite REBAL and give township)
ca egibly.	c. Length of sta		Yrs. Mos. Days	o. STREET ADDRESS (If r	ural, give location)	
on should be ca	Fenale	Colored Wipo	LE. MARRIED, OWED, DIVORCED (Specify)	S. DATE OF BIRTH Jaw 27 1904 11. BIRTHPLACE (State or for	48	Days Hours Min.
on shor		rorking life, even if retired)	INDUSTRY	Blackstock 14. MOTHER'S MAIDEN NA	S.C.	WHAT COUNTRY?
IDING information of death cl	AS. WAS DECEASED	Woodeward EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Hannaly 17. INFORMANT	ADDR	ESS
BIL of uses	18. 442	X		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
FO y ite	(This does heart failure	OR CONDITION DIRECTL LEADING TO DEATH not mean the mode of dying, e , asthenia, etc. It means the disc	e.g., (A) Hyper	tensive cardiovas	cular disease	
RESERVED I INK. Every please write tl		omplication which caused des	ath.) OUE TO			
	O RISE TO TH	OR CONDITIONS, IF ANY, GIVE ABOVE CAUSE (A) STATING NG CONDITION LAST.	VING			***************************************
MARGIN UNFADING Physicians:	OTHER SIG	II GNIFICANT CONDITIONS C TO THE OEATH, BUT NOT RELA EASE OR CONOITION CAUSING	TEO			
HH .	U 19A. DATE OF		R FINDINGS OF OPER	ATION		20. AUTOPSY?
M. WITH	UNDERLYING	L CAUSE WAS OR CONTRIB- USE OF DEATH.	LACE OF INJURY (e. g., in ne, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)
A A	Z 210. TIME (M OF INJURY	onth) (Day) (Year) (Hour) m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK			
TE PL	the evid	that I took charge of the ence obtained by said Au th in my opinion resulted	topsy, Inspection or I	0000; 10000 010	nspection or Inquiry ecased died on the de	ay stated above, termined .
WRITE age is esp	23A. SIGNATU	lien Whowlh	М.	23B. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	XAMINER 23c. DA	14, 1952
PLEA correct	24A. BURIAL. CR TION, REMOVAL (Spo	may 17/52	24C. NAME OF CEMETER	25. FUNERAL DIRECTOR	neboso S	Current DRESS
A S	MAY 1 5 19 V S 151	19 Huntington	Williams high	Mrs. Roth. a. E	llist roun	ghter /



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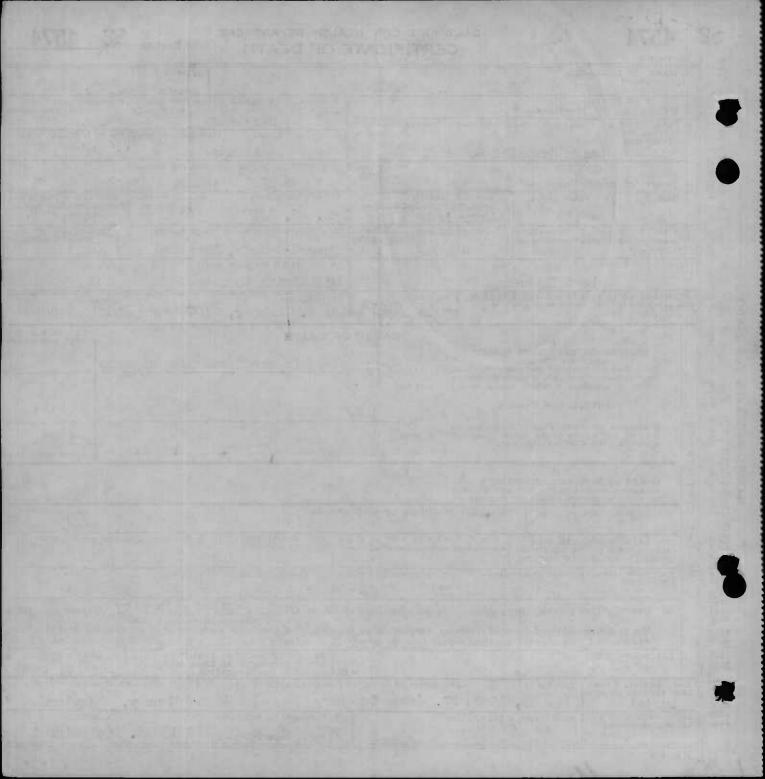
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BALTIMORE CITY HEALTH DEPARTMENT

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ВІ	RTH NO.	CERTIFICAT	E OF DEATH	Registered No	40/4
1. (T	NAME OF DECEASED ype or Print) HENRY	A. LECHNEF		OF May 13	, 1952
	PLACE OF DEATH:	M. Districts	4. USUAL RESIDENCE (W	here deceased lived. If instit	tution: residence
	Baltimore City, Maryland FULL NAME OF (If not in hospital or institu	tion, give street address or	A. STATE Maryland	B. COUNTY	before admission
HO	SPITAL OR STITUTION	location)		outside corporate limits wr	RURAL and give
	Union Memorial Hos		Baltimor		township
c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If a 2407 Green)	enmount Avenue	
5,	WIDOV	E. MARRIED, VED, DIVORCED (Specify) Tied	8. DATE OF BIRTH Teb. 15, 1889	9. AGE (in years if Under last birthday) Months	l Year If Under 24 Hours Days Hours Min.
ork	A. USUAL OCCUPATION (Give kiedel) dooe during most of working life, even if retired) penter	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Howard County, M		CITIZEN OF WHAT COUNTRY
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Robert Lechner		Wilhelmina Schra	ınm	
15 Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 214-14-5228	17. INFORMANT Ada F. Lechner, 2	407 Green Mount	
IFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.				
ERT	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED			
אר כ		FINDINGS OF OPER			20. AUTOPSY?
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	ACE OF INJURY (e. g., I farm,factory,street,office bldg.,		f in Baltimore City, give e	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY nn.	21E. INJURY OCCURR WHILE AT WORK NOT WHILE AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I certify that I took charge of the the evidence obtained by said Aut and death in my opinion resulted	rcmains described o	Autopsy, I Inquiry, find that said de	inspection or Inquiry eccased died on the de	ny stated above
	23A. SIGNATURE	М	238. CHIEF MEDICAL E ASSISTANT MEDICAL E .D. MEDICAL INVESTIGATO	XAMINER 23c. DA	14, 1952
	burial May 16, 1952	St. Johns Com	etery How		aryland
4	TE RECEIVED BY REGISTRAR'S SIGNATI	JRE	25. FUNERAL DIRECTOR		DRESS 1 Street

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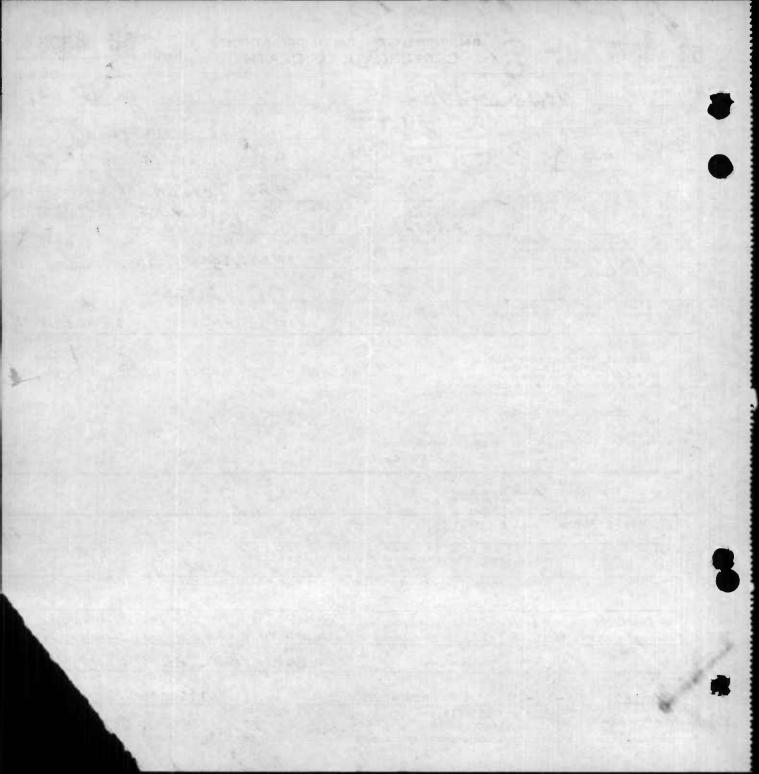
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4575

1. NAME OF DECEASED (Type or Print)	IELee JANUSCH.		2. DATE OF DEATH	3" MAY '52
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	B. COUNTY	before admission
B. FULL NAME OF (If not in hosp HOSPITAL OR INSTITUTION 495 ROSE	BANK AVE.			its, write RURAL and gi
37,000			0,25	1-10
c. Length of stay in Baltimore	7 Yrs. Mos. Days		rural, give location	Rue #1
5. SEX 6. COLOR OR RACE W.		8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year If Under 24 Hou Innths Days Hours Mir
10A. USUAL OCCUPATION (Give kind work done during most of working life, even if retired	1 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	A 8	12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
		? W.	Eisse	
15. WAS DECEASED FVER IN U. S. ARM (Yes, no or unknown) (If yes, give war or da	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT HUSBAN		ADDRESS 25 ROSEBANK A
18. 33/ \ DISEASE OR CONDITION	DIRECTLY	OF DEATH		INTERVAL BETWEE
(This does not mean the mode	ATH of dying, e.g., (A)	REBRAL HAE	MORRHAGI	E. Five Hou
heart failure, asthenia, etc. It me injury or complication which	caused death.) DUE TO			
ANTECEDENT CAL	ISES /	LIDERTENS	2.50	
DISEASES OR CONDITIONS,		ty PERTENS	rocu	
RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I) STATING THE DUE TO AST. (C)			
	(0)			
OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BU	NOT RELATED			
19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
A ACCIDENT WAS INDEED				YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	etc.) INJURY OCCUR?	NE .	give exact location)
21D. TIME (Month) (Day) (Yea OF INJURY	r) (Hour) 21E. INJURY OCCURF WHILE AT NOT WHILE MORK AT WORK		OCCUR?	
22. I hereby certify that I a	ttended the deceased from 1.1	5 P.M. MAY 19 32, to	MAY15, 19:	52, that I last saw
deceased alive on MAY	3, 1952, and that death occu	rred at 5.75 Pm., from th	he causes and on	
23A. SIGNATURE	· Messen as	238. ADDRESS	PITAL	23c. DATE 9
	M. D.	100007 /100	1 1 1 17 000	
24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMET	ERY OR CREMATORY 240: LC	OCATION (City, tow	n, or county.
24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 5-17-1	24c. NAME OF CEMET		CATION (City, tow	n, or county

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ADDRESS

E. Baltimore St.

1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' write HURAL and give C. CITY OR TOWN (If outside corporate limits 5209 Craig Ave. INSTITUTION township) Baltimore D STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 5209 Craig Ave. Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | If Under I Year | II Under 24 Hours | Months: Days | Hours: Min. 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) White Female Widowed 12--1875 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF work done during most of working life, even If retired) INDUSTR WHAT COUNTRY? Housewife Penna. 13, FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wesley B. Meals Ella Dean 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 5209 Craig Ave. Joseph F. Shorb. INTERVAL BETWEEN item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: UNDERLYING CONDITION LAST. (C) H RT OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY AL EDIC/ (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT AT WORK may 1949, to 13 May . 1952 that I last saw the 22. I hereby certify that I attended the deceased from_ 3 May 1952 and that death occurred at 10.15 Am., from the couses and on the date stated above, deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24D. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Md. Holv Redeemer Baltimore Burial 5-16-1952

25. EUNERAL

DIRECTOR

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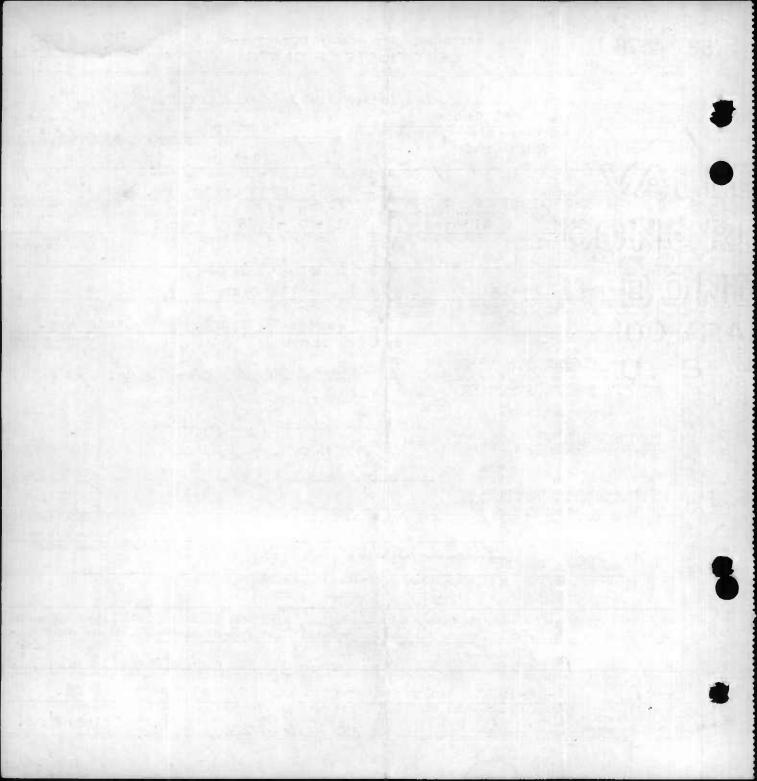
DATE RECEIVED BY

LOCAL REGISTRAR

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REGISTRAR'S SIGNATURE

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. 19 5 Hhat I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED · Congal Hotal 240. LOCATION (City, town, or county) Loudon Park Cem. Burial Balto, DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE. LOCAL REGISTRAR untryglow

May 13, 1952

If Under 1 Year

ADDRESS

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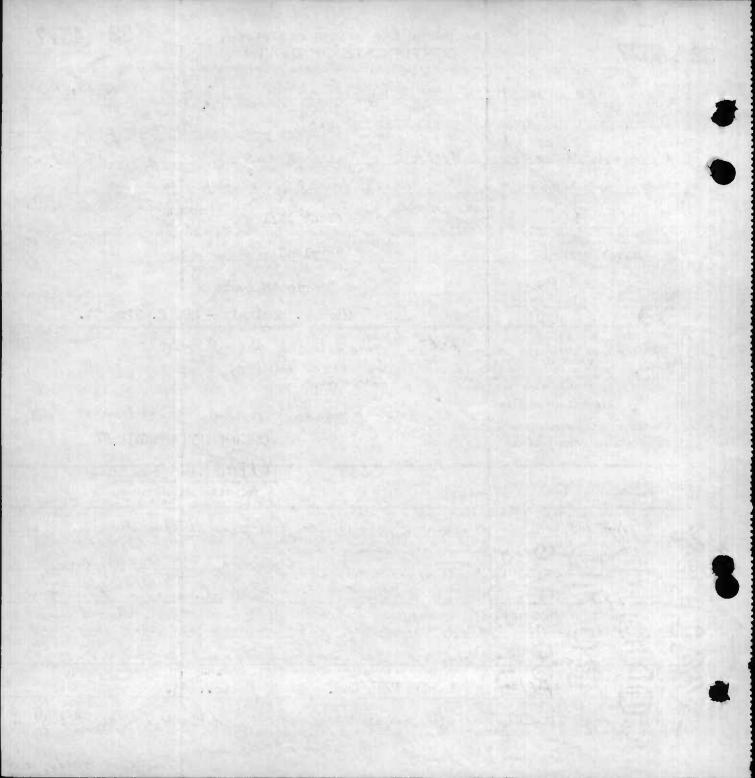
12. CITIZEN OF

WHAT COUNTRY?

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere 52.

BI	RTH NO.								
	NAME OF D ype or Print)	ECEASEO	Eva 2	Zuchow	OR	ZA	CHOW	OF MAY	14-1952
Α.		City, Maryland					4. USUAL RESIDENCE (WA. STATE		If institution; residence before admission)
H	FULL NAME OSPITAL OR STITUTION	Baltimore C 4940 Easter	ity Hos		et addre loca	ess or tion)		outside corporate lim	its write KURAL and give township)
c.	Length of s	tay in Baltimore	60	yrs.	1	Yrs. Mos. Days	D. STREET ADDRESS (If 1711 E. Lombard		TANKS TO
5.	SEX T	6. COLOR OR RACE	7. SINGLE WIDOW Marrie	MARRIED),		8. OATE OF BIRTH Sept. 6- 1874	9. AGE (In years last birthday)	M Under 1 Year M Under 24 Hours Min.
10	A. USUAL OC	CUPATION (Give kind of bot working life, even if retired)	10B. KINC	OF BUSIN			11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF
WO19		WORK	A	T NO.	MA	STRY	West Virginia		WHAT COUNTRY?
13	. FATHER'S	NAME			-		14. MOTHER'S MAIDEN NA	AME	V.J.A.
		George :				2	Catherine		
15 (Yes	. WAS DECEASE , no or unknown)	ED EVER IN U. S. ARMED	FORCES? of service)		RITY N		17. INFORMABILLIMOTE Records: 4940 Eas	e City Hospi	ADELESS
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	heart failu	re, asthenia, etc. It mean	ns the disease	e,	,				
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7		ANTECEDENT CAUS	ES	(5)					
O		OR CONDITIONS, IF		IG		•••	•••••••••••••••••••••••••••••••••••••••	***************************************	
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2				(6)	***********			***************************************	
RTIFIC	OTHER C	IGNIFICANT CONOL	TIONS CON			1000			
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U		F OPERATION 1		FINDINGS	OF (OPER.	ATION		20. AUTOPSY?
CAL		7							YES NO
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2	210. TIME ((Month) (Day) (Year)	(Hour)	2 IE. INJUR	Y OCC	URRE	O 2 IF. HOW OLO INJURY	OCCUR?	
	OF INJURY		m.	WHILE AT		WHILE	7		
	22. I hereh	y certify that I att				-	11- 1952/to	5-14- 10	52, that I last saw the
		ive on 5-14-				renr	red at 9.40AN, from the	he causes and on	the date stated shows
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		4.5.	10	Jaca	—м. с	. 4	1940 Eastern Ave.	,Balto.,Md.	May 14-1952
24	A. BURIAL, C	REMA- 24B. OATE	A.	24c. NAME	OF CEN		RY OR CREMATORY 24D. L		n, or county) (State)
	BURIAL	MAY 16	1952	OAK	LAU	N	CEMETERY EAS.	TERN AUE .	RD. MD.
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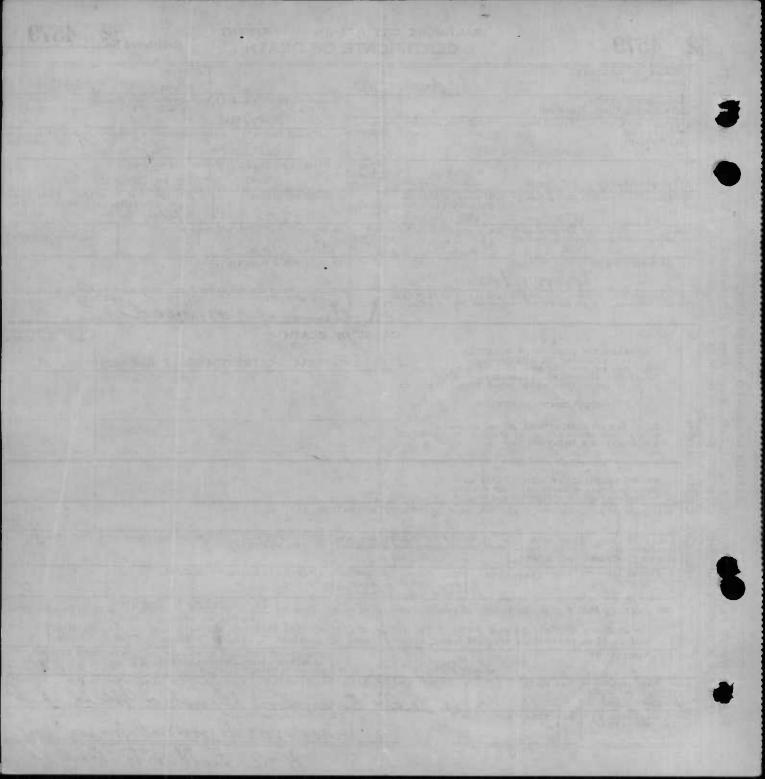
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May & Make

(1	NAME OF DECEASED (Spe or Print) GEORGE Steve. GETRUS	4. USUAL RESIDENCE		y 14, 1952 If institution: residence
A.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE Maryland	B. COUNTY	
H	OSPITAL OR location) ASTITUTION Mercy Hospital	c. CITY OR TOWN (Baltimor	11.	mits, write RURAL and towns
-	Length of stay in Baltimore 30 years Days	o. STREET ADDRESS (If rural, give location, Baltimore St	
-	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Male White Widowed	8. DATE OF BIRTH	9. AGE (In years	
	OA. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR INDUSTRY) Red done during most of working life, even if retired)	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNT
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) SECURITY NO.	17, INFORMANT	macd	APDRESS
	DISEASE OR CONDITION DIRECTLY	7		
TIFICATION	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (G) OTHER SIGNIFICANT CONDITIONS CON-	clerotic cardio		
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ICAL CERTIFICATI	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER. 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE TO NOT	ATION or 21c. WHERE DID to.) INJURY OCCUR?	(If in Baltimore Cit	20. AUTOPS
EDICAL CERTIFICATI	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION Tot 21c. WHERE DID INJURY OCCUR? ED 21f. HOW DID INJURY DI	(If in Baltimore Cit RY OCCUR? Stion & Inqu y, Inspection or Inqu deceased died on	20. AUTOPS YES No No. Ny, give exact location) iry thereon and firy the day stated al
EDICAL CERTIFICATI	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DISEASE OR CONOITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I certify that I took charge of the remains described a	ATION Tor 21c. WHERE DID 1NJURY OCCUR? ED 21f. HOW DID INJURY DID 1NJURY DI	(If in Baltimore Citer & Inquestion & Inquestion or Inquestion or Inquestion of Inques	20. AUTOPS YES No. Ny, give exact location) iry thereon and iry the day stated a

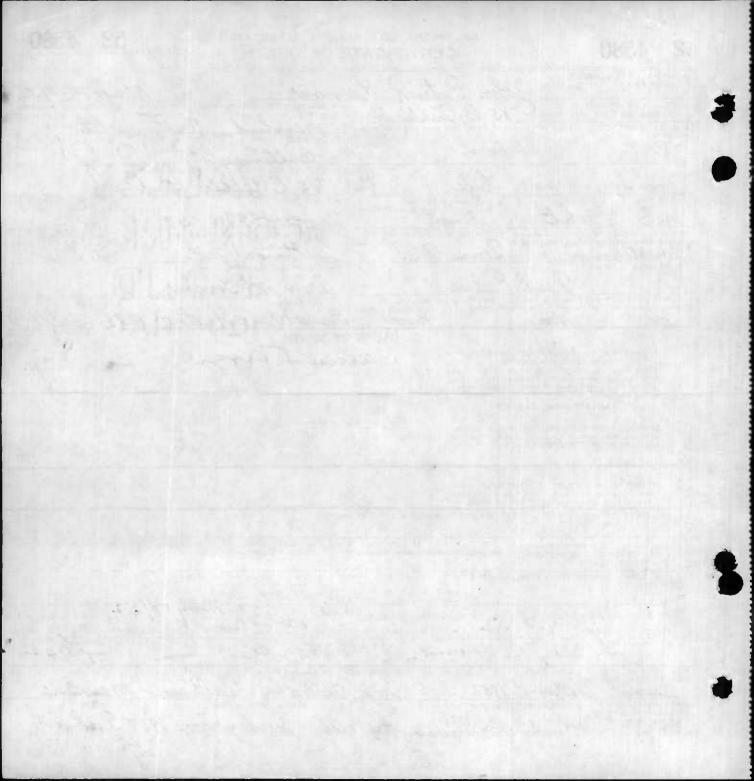


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

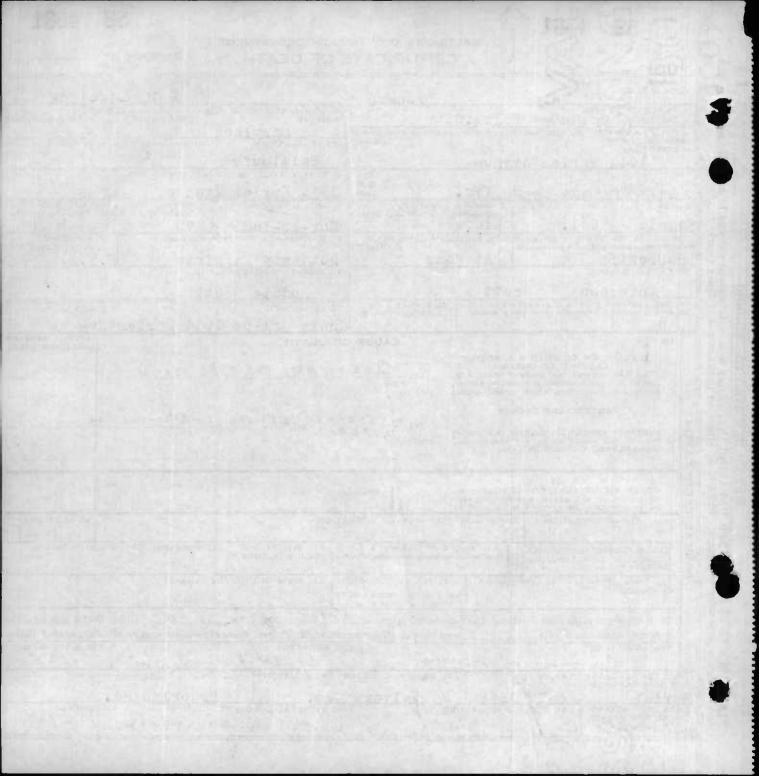
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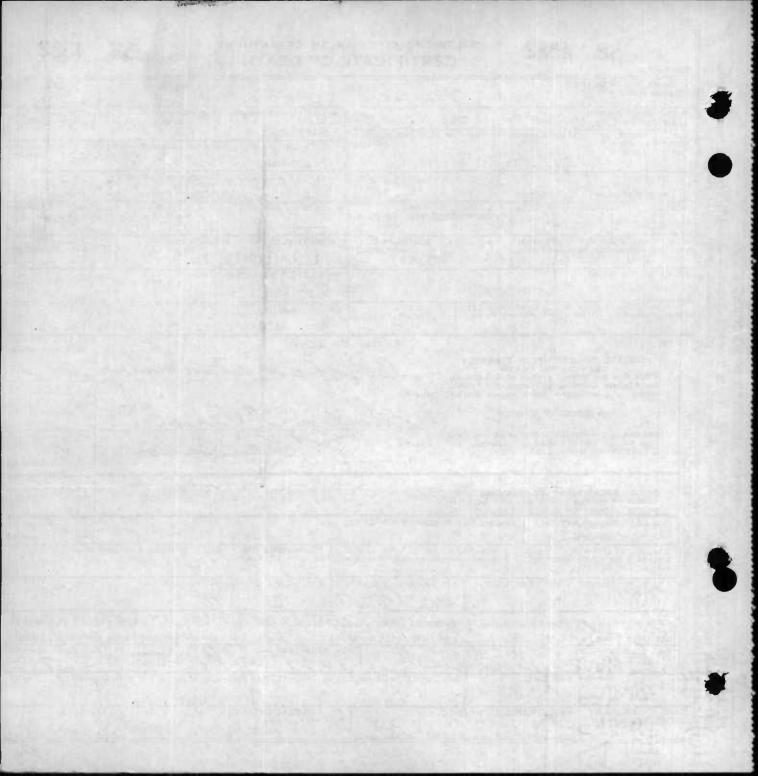
	NAME OF DE	CEASED (John, O	Patrick K	20aa aaal	2. DATE MA	14-10-2
	PLACE OF DE		7.00	D: 110.01	4. USUAL RESIDENCE		
В.	FULL NAME C	ity, Maryland (If not in hosp	ital or institu	tion, give street address or		Baltimore	Leter admission)
HO	STITUTION	0/	home	location	C. CITY OR TOWN	(If outside corporate limits	s, write RULAL and give township)
10	10	ur	nome		Baltimore	City 1	township)
	Y 11 0 1		4:0	Yrs. Mos.	D. STREET ADDRESS	(If ruped, give location)	17/1
		ay in Baltimore 6.COLOR DR RACE	7 SUGI	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (in years) M	Under 1 Year If Under 24 Hours
1	male	While	WIDOV	VED, DIVORCED (Specify		last birthday) Mo	nths Days Hours Min.
worl	done during most of	CUPATION (Give kind of working life, even if retired	10B. KINI	OF BUSINESS OR	11. EVRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Watch	man	Ilm	v. N. R.	Baltimore,	md.	VI. 8.Q.
13	. FATHER'S N.	Paul	Keen	an	Ann MES	NAME	
15 (Ye	. WAS DECEASE	O EVER IN U. S. ARMI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	/ AL	DDRESS
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	18. 156.	/		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
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DICAL	21A ACCIDE	ENT WAS UNDER-	1 21B. PL.	ACE OF INJURY (e. g.,	in or 21c. WHERE DID	(If in Baltimore City, g	rive exact location)
MED	LYING OR	CONTRIBUTING DEATH	about home,	farm, factory, street, office bldg.,		(, re chart location,
15	OF INJURY	Month) (Day) (Year	r) (Hour)	21E. INJURY OCCURR		JRY OCCUR?	
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	22. I hereby	Edraify that Lat	tended the	deceased from U	pul 195 10	Miny - 7/ 20 1	, that I last saw the
	deceased ali		2196	and that death occi		t the couses and on th	
	23A. SIGNAT	H Georg (2 H	enda M.D.	1974 Mul	Then I	my S/S -
	N REMOVAL (ST		1-1952	HARL CHARLE	Southerd (as)	LOCATION (City, town,	or county) (State)
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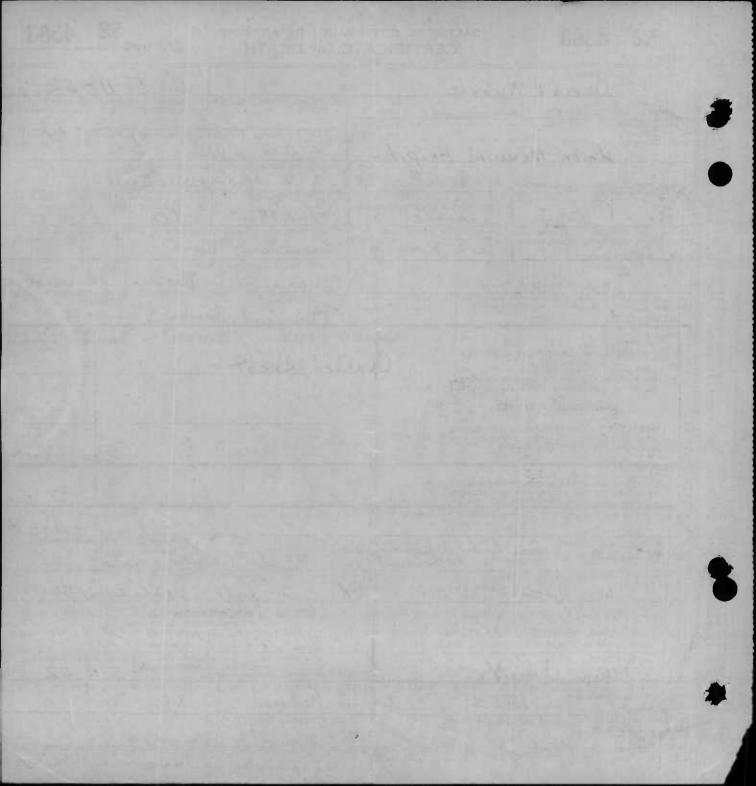


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	B-152	100-	BALTIMORE CITY H	EALTH DEPARTMENT		
	BIRTH NO.	CERTIFICATE OF DEATH Registered No.				
	1. NAME OF D	ECEASED		2. DATE		
	(Type or Print)	Marv	Bronson	OF DEATH May-14-1952		
	3. PLACE OF D			4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE B. COUNTY	titution: residence before admission)	
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)					
	INSTITUTION			C. CITT OR TOWN (II oddanae corporate minis, w	township)	
	1944 Harlem Avenue			Baltimore D. STREET ADDRESS (If rural, give location)	/ !	
0	c. Length of s	stay in Baltimore 3	Mos.	1944 Harlem Avenue	6-04	
	5. SEX		7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Und	er I Year If Under 24 Hours	
	Female	Col.	WIDOWED, DIVORCED (Specify Widow	Mar-10-1880 72 Month	Bays Hours Min.	
2		CUPATION (Give kind of of working life, even if retired)		11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?	
	Housewit	Housewife At Home		Notteway Virginia U.S.A.		
	13. FATHER'S			14. MOTHER'S MAIDEN NAME		
	Ande:	reon Sc	ott D FORCES? 16. SOCIAL	Roddie Scott		
	(Yes, no or naknown)	(If yes, give war or date	of service) SECURITY NO.		RESS	
	No		CALICE	Annie Gallop 1944 Harlem A	INTERVAL BETWEEN	
3	18. 42	SE OR CONDITION		OF DEATH	ONSET AND DEATH	
		LEADING TO DEA's not mean the mode of		CONARY OCCIUSION		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
	A OFERIACE LERATIC CARDIA-VANA . AM					
2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
	S ORDERE	THE CONDITION EA	(C)			
	F	11				
2	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				(21 Jan 1997)	
					20. AUTOPSY?	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERAT			KATION	YES NO Z	
	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or laboration) 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?					
4	1.1	CAUSE OF DEATH				
	21b. TIME OF INJURY	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?				
	m. WHILE AT NOT WHILE AT WORK					
	22. I hereby certify that I attended the deceased from 5-13, 1952, to 5-14, 1953, that I last saw the					
2		deceased alive on 5-13, 1952, and that death occurred at 12 3 am, from the causes and on the date stated above.				
2	ZJA. SIGNA	Channe h	J. Harris M. D.	1824 W. Franklin St	5-15-52	
000		24A. BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
	Burial	5/17/	1952 Mt Calvery	Cem. Brooklyn Md.	Martin Maria	
	DATE RECEIVE	D BY REGISTRAR	S SIGNATURE	25 FUNERAL DIRECTOR DA	DDRESS	
,	MAY 1519	57 4- 4	+ Williams 1888	Knog 1. Nulson 1008 Been	very may	
	VS 150	110000	· · · · · · · · · · · · · · · · · · ·	()	V	
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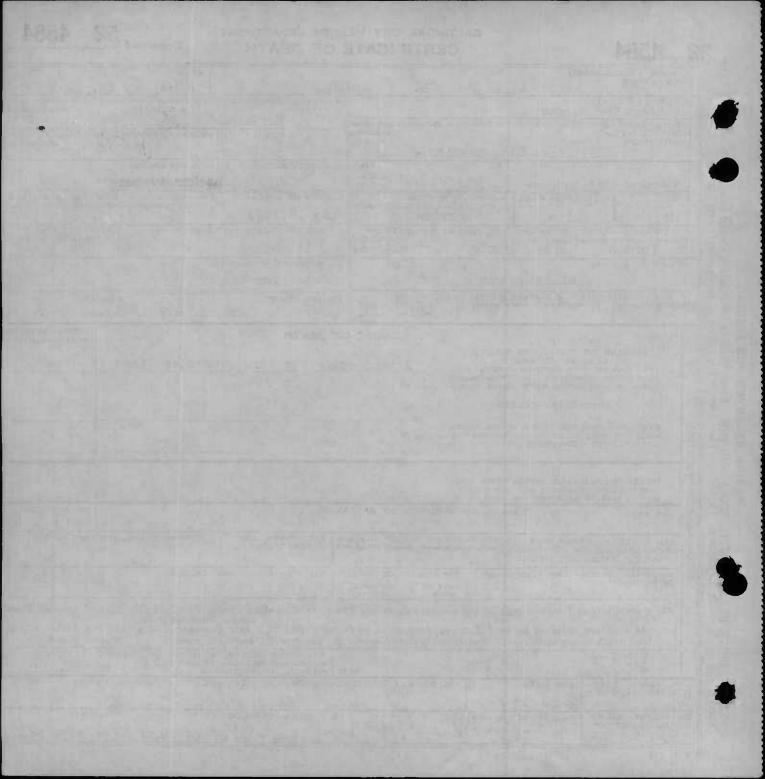


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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egistered	No.	

	RTH NO.04				
1. (T	NAME OF DECEASED ype or Print) LITTITAM II CIIM	OF ME	* 12 1052		
	PLACE OF DEATH: Baltimore City, Maryland	MINGS DEATH ME 4. USUAL RESIDENCE (Where deceased lived A. STATE B. COUNTY	L If institution: residence		
В.	FULL NAME OF (If not in hospital or institution, give street address or DSFITAL OR location)	Maryland c. CITY OR TOWN (If outside corporate)	imits, write RDRAV and give		
IN	Baltimore City Hospitals	Baltimore	township)		
-	Yrs.	D. STREET ADDRESS (If rural, give location)		
c.	Length of stay in Baltimore Life Mos. Days	639 S. Becker Aven	ue t		
5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday)	Months Days Hours Min.		
10	Male White Married A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	July 26, 1883 69	12. CITIZEN OF		
	doneduring most of working life, even if retired merican Agricultural	Baltimore	WHAT COUNTRY?		
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	WITITAM OUMITING	Catherine Harvey			
Yes (Yes	(If yes, give war or dates of service) (If yes, give war or dates of service) 213-01-27020	Caroline Cummins, 639 S.	Decker Ave.		
	18.42211 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	clerotic cardiovascular dis	10050		
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. lt means the disease, injury or complication which caused death.) DUE TO	00701.0070 007.0707000000000000000000000			
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NOIF	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
4	UNDERLYING CONDITION LAST.				
RTIFIC	II OTHER SIGNIFICANT CONDITIONS CON-				
Ш	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
U	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	PATION	20. AUTOPSY?		
DICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.		ty, give exact location)		
ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY MHILE AT WORK AT WORK				
	22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from				
Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day s					
	and death in my opinion resulted from: natural causes	s 🔣, accident 🗌, suicide 🔲, homicide 🗀], undetermined [].		
	23A, SIGNATURE	23B. CHIEF MEDICAL EXAMINER	May 14, 1952		
24	4A. BURIAL, CREMA- 24B. DATE LAC. NAME OF CEMETE	.D. MEDICAL INVESTIGATOR			
TIC	ON, REMOVAL (Specify) May 17/52 Aggregate the	ast Cem. Balta. Com	nti		
	ATE RECEIVED BY REGISTRAR SISIGNATURE	25. FUNERAL DIRECTOR	ADDRESS		
_	MAY 15 1952 Tuntington Wellaus, 19.	John h. Weller 401.	J. Chester Hrea		
V	S 151 5234R		M		
	0710		-		

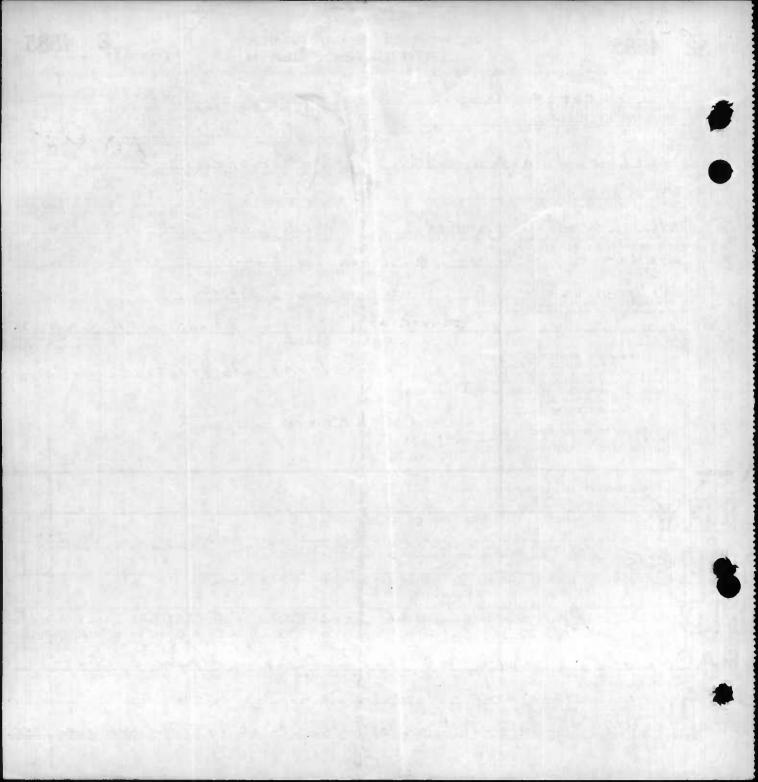


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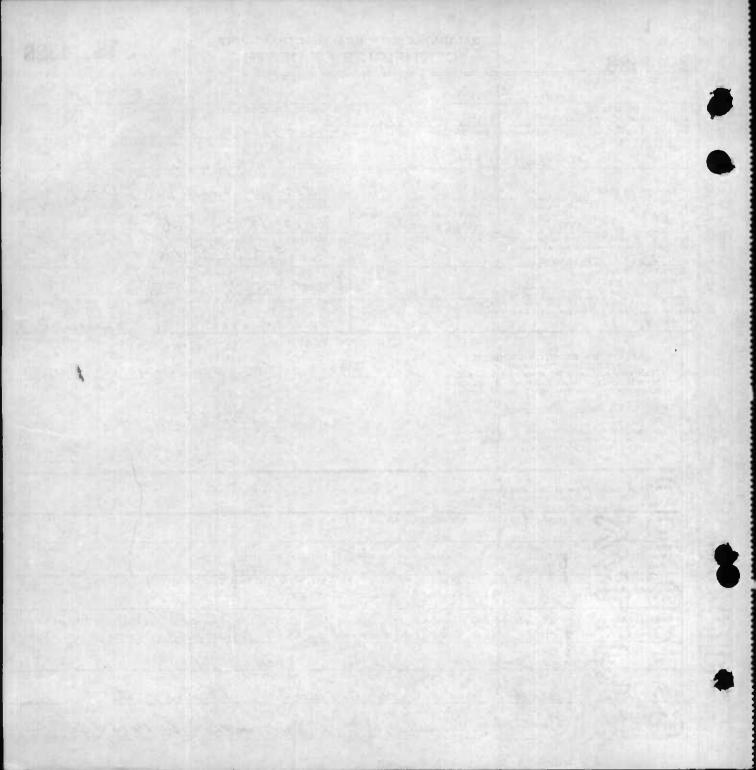
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4585

1. (T	NAME OF DECEASED type or Print)	2. DATE OF DEATH 5-13-52				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	Maryland and				
	ISTITUTION	C. CITY OR TOWN (If outside corporate limits, write WEAL and give township)				
П	Lathern Mosp. of Ma.	D. STREET ADDRESS (If rural, give location)				
	Length of stay in Baltimore Mos. Days	2115 W. Lexington St.				
A.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGEVIN years H Under 1 Year H Under 24 Hours Months Days Hours Min.				
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BURTHPLACE (State or foreign country) 12. CITIZEN OF				
	Care taker Fulton Ave Babtist	Canada WHAT COUNTRY?				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
15	William D. Tynolc	Mary S. Britton				
(Yes	b. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no or unknown) (If yes, give war or dates of service) SECURITY NO 212-14-05-28	17. INFORMANT ADDRESS				
	18. 2044 CAUSE	OF DEATH TYPE OF DEATH				
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease,					
	injury or complication which caused death.) DUE TO					
7	ANTECEDENT CAUSES	Kenin				
LIOI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
CA.	UNDERLYING CONDITION LAST.					
ERTIFICATION	II .					
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?				
EDICA	21a. ACCIDENT WAS LINDER. 21B. PLACE OF INJURY (e. g., in	n or 21c. WHERE DID (If in Baltimore City, give exact location)				
MEDI	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bidg., e	INJURY OCCUR?				
	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?				
10	m. work AT WORK					
	22. I hereby certify that I attended the deceased from 5-12-57-19, to 5-13-57-19, that I last saw the deceased alive on 5-13-52-19, and that death occurred at 937 Pm., from the causes and on the date stated above.					
		38 ADDRESS . 23c. DATE SIGNED				
20	The state of the s	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)				
0.0	ON, REMOVAL (Specify)					
DA	ATE RECEIVED BY I REGISTRAR'S SIGNATURE	Cem. Baltimore My. 25. FUNERAL DIRECTOR ADDRESS				
	CAL REGISTRAD					
MI	NY 1 5 1952 Huntington Williams 100	John T. Stansbury 2700 Edmondson Ave				
M/	DCAL REGISTRAR	John T. Stansbury 2700Edmondson Ave				



	11	35		
-	2	BALTIMORE CITY H	EALTH DEPARTMENT	0 4500
The		RTH 4586 CERTIFICAT	E OF DEATH Registered N	4586
E	1.	NAME OF DECEASED	2. DATE	
		ype or Print) George Fantom	OF DEATH 5	13/5-2
司		Baltimore City, Maryland Mercy Hos D.	4. USUAL RESIDENCE (Where deceased lived, if i	nstitution : residence before admission
ns.		FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)		write BURAL and give
	IN	moren Herrital	Baltimore,	township
E S	7	Yrs.	D. STREET ADDRESS (If rural, give location)	
legal	_	Length of stay in Baltimore Mos. Days		12 Md.
IDING information should be care	5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	last birthday) Mor	under 1 Year If Under 24 Hears https://doi.org/10.1001/19.1001
hou	10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
n sl	work	U.S., Pos had Survey.		WHAT COUNTRY
atio th	13	FATHER'S NAME	14 MOTHER'S MALDEN NAME	0347.
NG rm dea		John Fantom	Emmatine mc Lee	
BINDING of inform uses of dea	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no or onknown) (If yes, give war or detea of service) SECURITY NO.	17. INFORMANT	DURESS
R BIN	-	Unik,	Daughter. 512 m	urdocak Ry.
		7000	OF DEATH	ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	necenterie I prombosis	1 des
Every write tl		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
RVJ E Wr		ANTECEDENT CAUSES		
RESERVED INK. Ever please write	NO	DISEASES OR CONDITIONS, IF ANY, GIVING	enerolized allerispeleurs	h
G II	F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	V	
	ICA	(C)		
MARGIN UNFADING Physicians:	RTIF	II OTHER SIGNIFICANT CONDITIONS CON-		
MA UNF Phys	CER	TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
H	7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
TTH ant.	CA	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (6. g.,	io or 21c. WHERE DID (If in Baltimore City, g	YES NO L
port	EDI	LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.,	,etc.) INJURY OCCUR?	ive exact location)
	M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	
AII		OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		
PL		22. I hereby certify that I attended the deceased from M	1954 to may 13 , 1954	that I last saw th
TE		deceased alive on My 13, 1956, and that death occu	rred at 2:30 Pm., from the Jauses and on th	
'RI'		23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
PLEAT WRITE PLA	24	4A. BURIAL, CREMA- 24B. DATE / 24C. NAME OF CEMETE	ERY OR GREMATORY 240 MOCATION (City, town,	or county) / (State)
Ar	TIC	ON, REMOVAL (Specify) May 16/52 Loudon	2 Park Balls hid	
LE	DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
H 2	ě N	IAY 151952 Tuntington Wallacus, 10	H / /antimov smolo +90	You Ra
		vs 150 390	90	



BALTIMORE CITY HEALTH DEPARTMENT JI-138215 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Ralph Hines DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Baltimore City Hospital socation) Mda B. FULL NAME OF HOSPITAL OR (If outside corporate limits, white RURAL and give C. CITY OR TOWN INSTITUTION Baltimere township) 4940 Eastern Ave. D. STREET ADDRESS (If rural, give location) Yrs. Mos. ll yrs. 1157 N. Mennt St. c. Length of stay in Baltimore Days information should be of death clearly and l 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under | Year | If Under 24 Hours | Instrument | If Under 24 Hours WIDOWED, DIVORCED (Specify) Mala Negre May 6, 1881 Wid. 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? No Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lewis Hines 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO B. C. H. Records, 4940 Eastern Av. Jo INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Hypertensive Cardio Vascular Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO ADING UNDERLYING CONDITION LAST. Obesity: Fatty Infiltration of the 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 7-19-51 Pterygium 4 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCURT CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 5-19-50 ___, 19___, that I last saw the age is espe deceased alive on May 13 19 52. and that death occurred at_ 1.15 from the causes and on the date stated above. Appress 4940 Eastern Aye. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county Telle al Mus ST ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR unlandor VS 150

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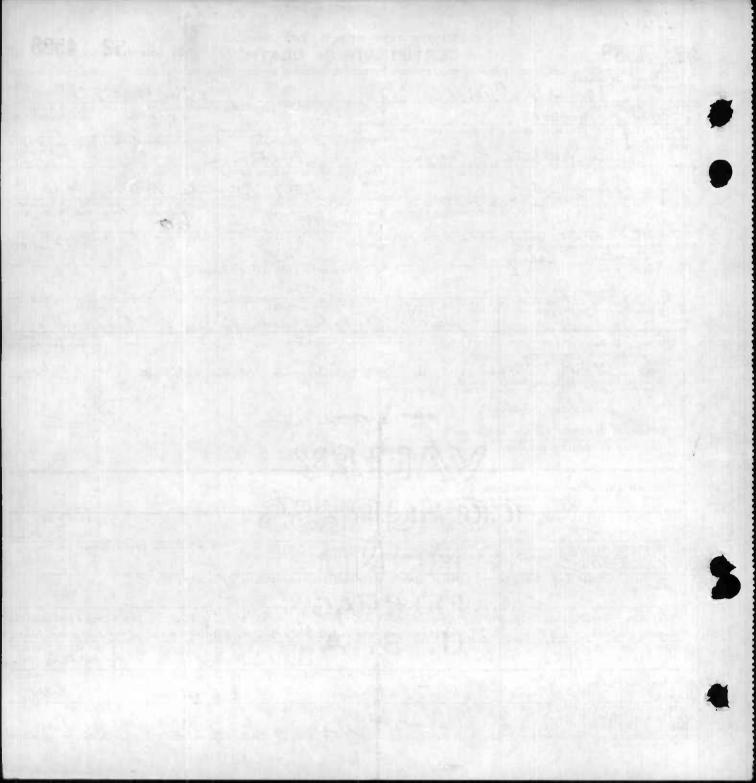
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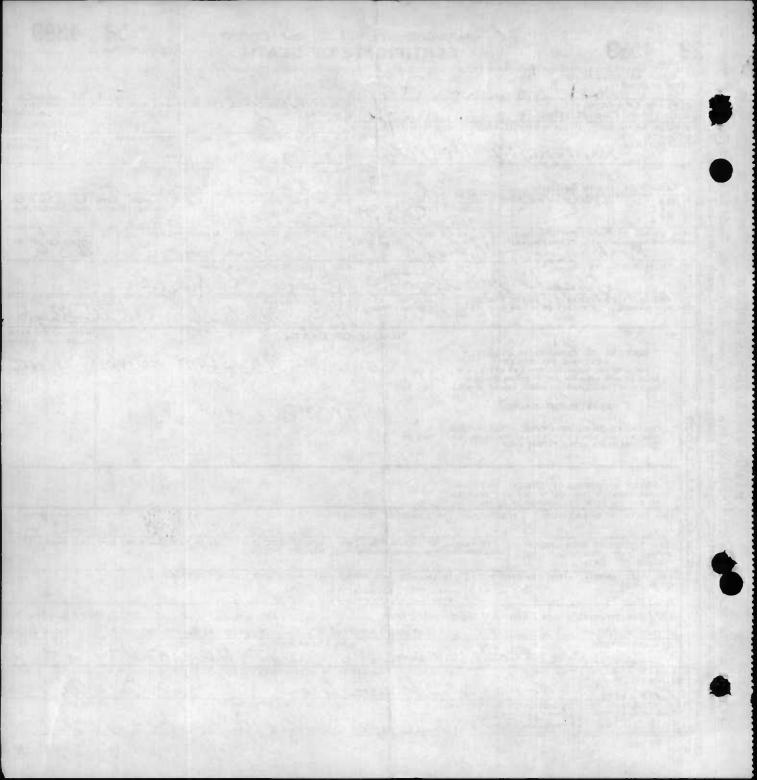
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BALTIMORE CITY HEALTH DEPARTMENT Registered 52 CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) ames DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location (If outside corporate limits, write RUPAL and give INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. K osedale Sheet c. Length of stay in Baltimore Days information should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under | Year Il Under 24 Hours last birthday) Months: Daye Hours: Min. WIDOWED, DIVORCED (Specify) Jew 15. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of yorking life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ances 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO of INTERVAL BETWEEN 18. CAUSE OF DEATH Every item write the car DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: 1 UNDERLYING CONDITION LAST. MARGIN (C) RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш Ü TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYA 4 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH_ 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! 22. I hereby certify that I attended the deceased from 13 70 _, 1951 to_ 14 ms , 1952, that I last saw the WRITE | deceased alive on_ 1952 and that death occurred at 8:56Am., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 14 Mes JON, REMOVAL (Specify) 248. DATE NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE VS 150





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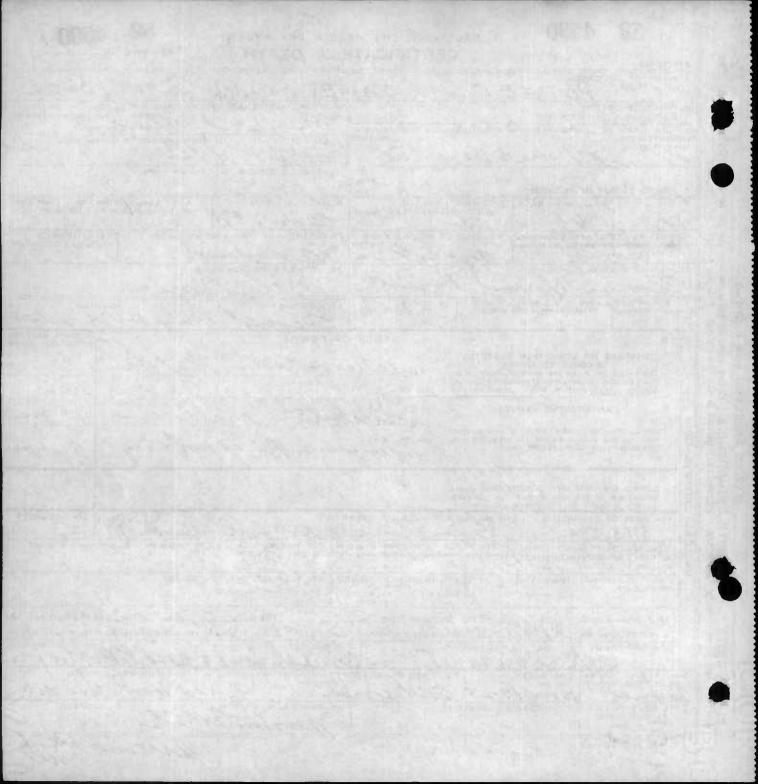
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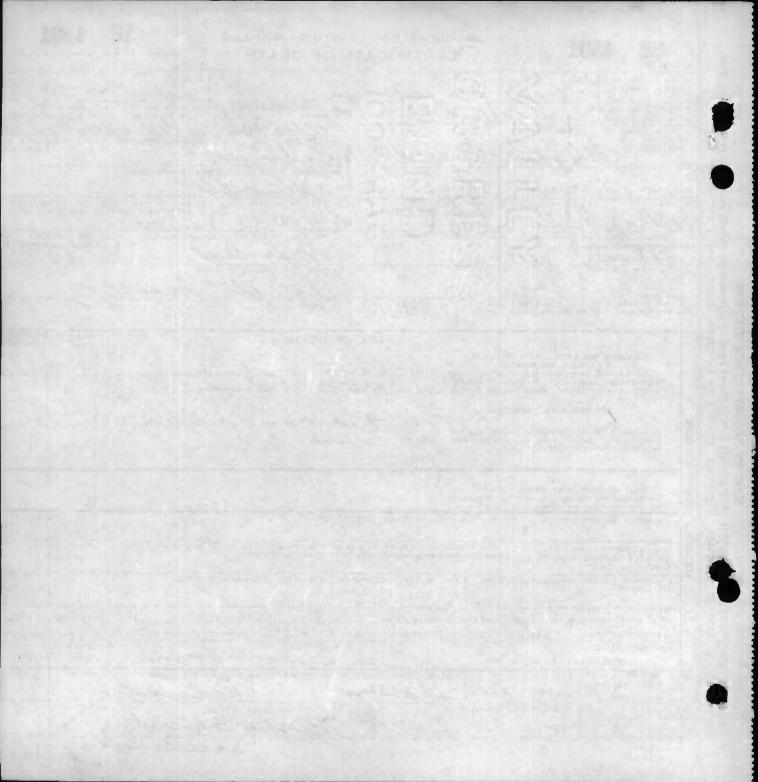
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No

BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Chur (If rural, give location) YIS. D. STREET ADDRESS c. Length of stay in Baltimore Days should be If Under 1 Year If Under 24 Hours 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE (in years) last birthday) | Months: Days | Hours | Min. WIDOWED DIVORCED (Specify) Wa clearly TOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done-daying most of worklog life, even if retired) INDUSTRY armer death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mar 15. WAS DECEASED EVER IN U. S. ARMED FORCES? of 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uoknowo) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 260X CAUSE OF DEATH Every item 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING 0 RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: L OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED III TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21B. PLACE OF INJURY (e. g., in or 24c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 5/2 195 2 . 195 that I last saw the 192 and that death occurred ati-20 Pm., from the causes and on the date stated above. deceased alive on 23C. DATE SIGNED 23A. SKONATURE 24A. BURIAL, CREMA-TION, RENOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY City, town, or coupty) Z4B. DATE -25 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR untington

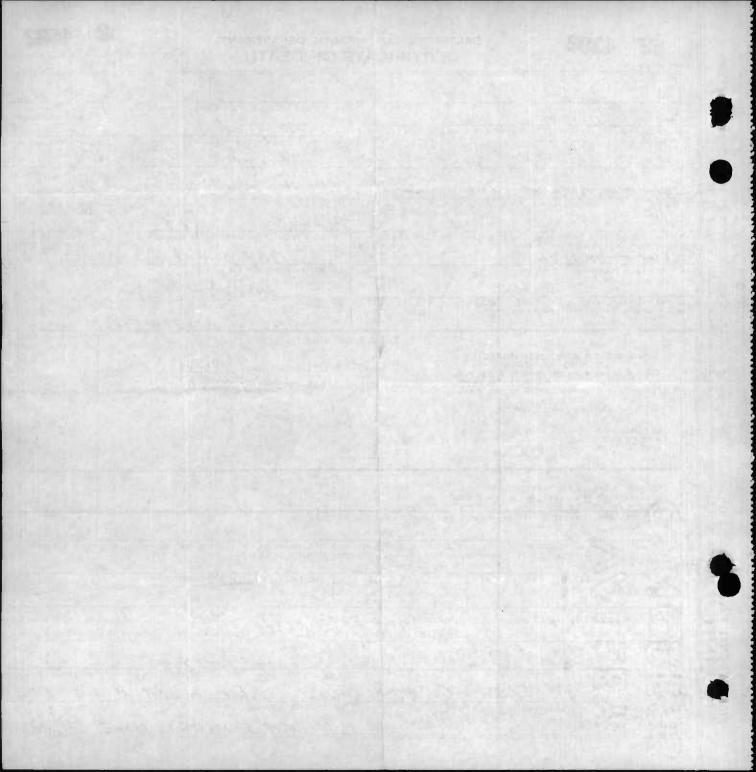


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	52	4592			EALTH DEPARTM	-	egistered No.	2000
ВІ	RTH NO.		CE	RIFICAL	E OF DEATH	1		
	NAME OF E		s Reed			2. DAT		4 15,1957
A.		City, Maryland			4. USUAL RESIDEN		county	titution : residence hefore admission)
H	FULL NAME OSPITAL OR STITUTION	Meres Meres	11	rive street address or location)	C. CITY OR TOWN	(If outside co	orporete limits, w	township
c.	Length of s	stay in Baltimore	Sill	Yrs. Mos. Days	646 T	35 (If rural, giv	Au 7	18, md.
5.	M	6. COLOR OR RACE		ARRIED, DIVORCED (Specify)	8, DATE OF BIRTH			or I Year H Under 24 Hours Min.
	done during most	CUPATION (Give kind of working life, even if retired to the C		BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign course	ntry) 12	WHAT COUNTRY
13	. FATHER'S				14. MOTHER'S MAII	DEN NAME) '	
15	. WAS DECEAS	ED EVER IN U. S. ARM	ED FOOCES? I IS	SOCIAL	20	724 W	かナム	
(Ye	, no or nnknown)	(If yes, give war or de	tes of service)	SECURITY NO.	17. INFORMANT	NOR	Th FIEL	B N.J.
FICATION	(This doe heart failt injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DE, s not mean the mode ure, asthenia, etc. It me complication which ANTECEDENT CAL S OR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION I	ATH of dying, e. g., cans the disease, caused death.) USES IF ANY, GIVING) STATING THE	(A)	Manie	del deler	roelowy	
CERTI	TRIBUTING	II SIGNIFICANT COND G TO THE DEATH, BUD DISEASE OR CONDITION	NOT RELATED		_			
AL	19A. DATE	OF OPERATION O	19B. MAJOR FIN	DINGS OF OPER	RATION	PIDE MA		20. AUTOPSY7
IEDIC		DENT WAS UNDER CONTRIBUTING		OF INJURY (e. g., i actory, street, office bidg.,			imore City, give	exact location)
2	21D. TIME OF INJURY	(Month) (Day) (Yea	r) (Hour) 21E. WHILE WOR		THE RESERVE OF THE RE	INJURY OCCUP	27	
	22. I herel	by certify that I a	ttended the dece	eased from 7714	4 10 , 1954	to May 10	- , 1954-t	that I last saw the
	23A. SIGNA	Kolert	Drelon	M.D.	Tred at 3:09 m., 23B. ADDRESS	from the cause	following and on the	date stated above 23c. DATE SIGNED
TU	A. BURIAL.	Specify) 5//5	152 G	Don.	WOOD	DI FACE	ant VIC	10.0
	ATE RECEIVE DCAL REGIST AY 161		gton Wall	aus, M	25. FUNERAL DIRE	CTOR	Α	DDRESS 2007



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BALTIMORE CITY HEALTH DEPARTMENT

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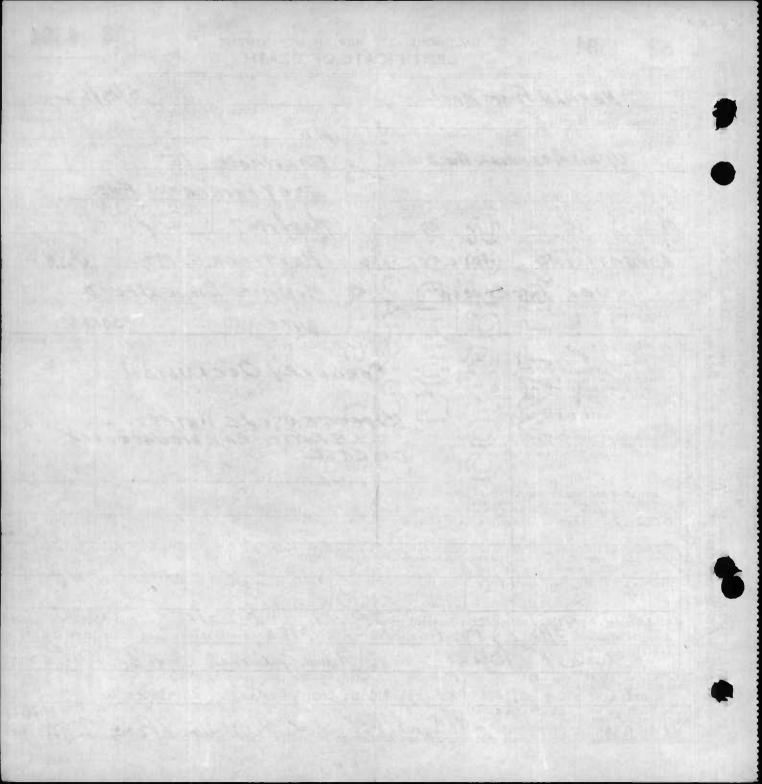
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В	52 RTH NO.	4593	DAL	CERTIFICATI	E OF DEATH	Registered	No.			
	NAME OF D	DECEASED				2. DATE				
(T	ype or Print)	Gussie	e Lev			OF May	15,1952			
	PLACE OF E	City, Maryland			4. USUAL RESIDENCE (Where deceased lived, B. COUNTY	If institution : residence before admission)			
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)	maryland	//	** ** ****** * * * * * * * * * * * * *			
	STITUTION	3608 U	ennlyn .		W.	if outside corporate lin	nits, write RURAL and give township)			
13-	0	2000 -	cinital in		baltimore	1	11			
c.	Length of	stay in Baltimore	26 yrs	Yrs. Mos. Days	o. street address (I					
5.	sex Female	6.COLOR OR RACE	7. SINGLI WIDOW	E, MARRIED. PED DIVORCED (Specify)	QUA 21, 1904	9. AGE (in years last birthday)	Months Days Hours Min.			
10		CCUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF			
		of working life, even if retired)	7	home	Russia	toreign country)	WHAT COUNTRY?			
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME				
	Abraha	am Butensky			Unknown					
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS			
(Ye	s, no or unknown	(If you, give war or date	e of service)	SECURITY NO.		Dennlyn Ros				
	18. /7 5	SE OR CONDITION	DIRECTLY	CAUSE	OF DEATH	•	INTERVAL BETWEEN			
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO LELESTING OFFICE OF THE PROPERTY OF THE									
	heart fail	ure, asthenia, etc. It mea	ns the diseas	disease, (A)						
	injury or	complication which	aused death	DUE TO sufe	stude our	muerem				
	ANTECEDENT CAUSES									
No.	DISEASE	S OR CONDITIONS, I	F ANY, GIVIN	(B)	***************************************	***************************************	***************************************			
Ĕ		THE ABOVE CAUSE (A)		E DUE TO						
V				(C)	***************************************	. *************************************				
RTIFICATION		П								
F		SIGNIFICANT COND								
R		G TO THE OEATH, BUT DISEASE OR CONDITION								
1	19A/DATE	OF OPERATION 1	-	FINDINGS OF OPER	RATION	1	20. AUTOPSY?			
¥	3/6/51	0 7/12 I	Roven	monthses.	2010 Caranon	and orange	YES NO			
EDICA		DENT WAS UNDER- OR CONTRIBUTING DEATH	2 1B. PL/ about home,	ACE OF INJURY (e. g., is farm, factory, street, office bldg., e		(If in Baltimore City	, give exact location)			
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?				
	OF INJURY		m.	WHILE AT NOT WHILE						
	22 I have	har annelfer about T - Ar			1944 19 to	5//1/12/10	, that I last saw the			
		by certify that I at		and that death occur	24	/	the date stated above			
	23A. SIGNA				3B. ADDRESS	the causes and on	23c. DATE SIGNED			
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71	AN REMOVAL (52	Mt W	ary or Chematory 24d.	h. J. la	org saland (State)			
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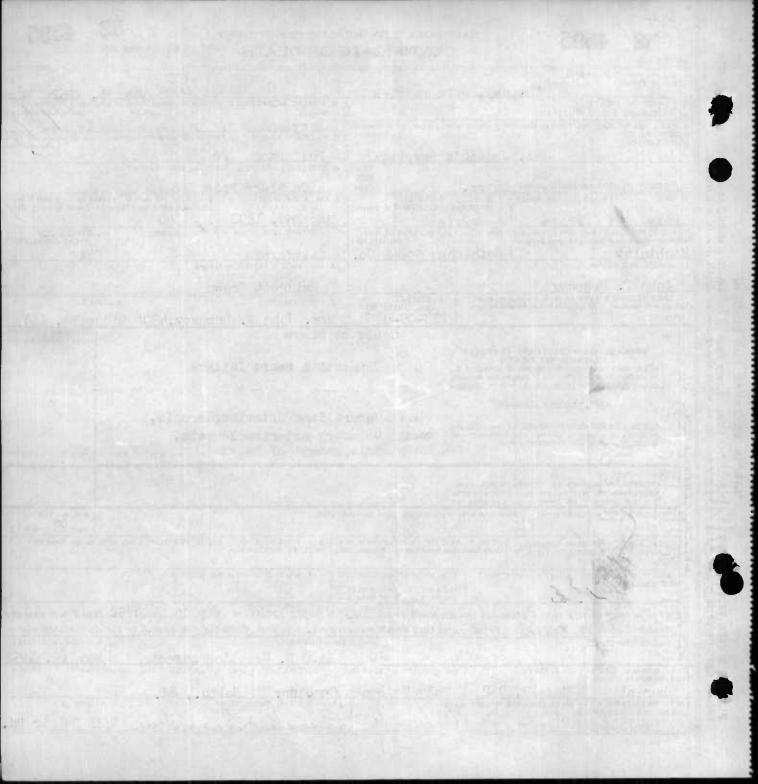
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RIT	correct age is especially important. Physicians: please write the causes of death clearly and legibay.
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F.S.		52 4	594	BAL	TIMORE CITY HE	ALTH DEPARTMENT		4594
The		RTH NO.			CERTIFICAT	E OF DEATH	Registered No.	
		NAME OF D 'ype or Print)	HERMAN FO	OKS MI	an .		2. DATE OF DEATH 5/13	1/52
	A.		City, Maryland	1 - 1 - 11		4. USUAL RESIDENCE (V	Where deceased lived. If ins	titution : residence before admission)
lly su	H	FULL NAME OSPITAL OR ISTITUTION	WAN MEMON		ion, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, v	vrite RURAL and give township)
	-	14	PAN MEMOR	400	errs.		rural, give location)	21
be ca		Length of s	tay in Baltimore	7 SINGLE	Mos. Days L. MARRIED.	5309 FAIR	PLAWN AVA	der i Year II Under 24 Hours
ld		M	W	WIDOW	ED, DIVORCED (Specify)	7/28/1907		hs Days Hours Min.
				-	OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or fo	oreign country) 12	2. CITIZEN OF WHAT COUNTRY?
				790	ERTISING	14. MOTHER'S MAIDEN N	AME MA	USA.
NG ormati death	1.0			KSMI	eN	MINNIE A	BERENFER	
BINDIN of inforuses of d	(Ye	s, no or naknown)	D EVER IN U. S. ARMEI (If yes, give war or dete	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ME
		18. 42	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN
it o		DISEAS	E OR CONDITION		Car	ONARY Occ	Insend	2
10 m		heart failu	re, asthenia, etc. It mes complication which	ns the diseas	e,		~03/8~	
S. S.			ANTECEDENT CAUS	ES	HVOE	PERMISINE	APTEPIC.	5
RESERVED INK. Ever please write	NOL		S OR CONDITIONS, I		NG DUE TO SCL	RTENSIVE EROTTE CA	e DIOVASEU	LAR .
	CA	UNDERL	YING CONDITION LA	AST.	DISE	12E		
MARGIN UNFADING Physicians:	RTIF	OTHER	II IGNIFICANT COND	TIONS CO	(C)			
UNI	CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	FD			
VITH tant.	AL	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		YES NO
por	1EDIC	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore City, give	e exact location)
Ally im	Σ	2 ID. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?	
TE PLA				ended the	deceased from 19	Y/, 195,70		that I last saw the
WRITE e is esp		deceased a		,1002		red atm., from t		date stated above.
W. W.	2	4A. BURIAL.	CREMA- 248. DATE	/ Here	24c. NAME OF CEMETE	Mun pulmories	OCATION (City, town, or	county) (State)
2 3	Ti	on REMOVAL (S Buria	pecify)			Cong Cemetery	Baltimore Md	
PLE		ATE RECEIVE OCAL REGIST MAY 1 6 1	D BY REGISTRAR	S SIGNAT		25. FUNERAL DIRECTOR	won + Brs	north and
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52	4595	BA	LTIMORE CITY HE	EALTH DEPARTMEN		2 4595
BIRTH NO.	1000		CERTIFICAT	E OF DEATH	Registered N	10
1. NAME OF D	DECEASED				2. DATE	
(Type or Print)		ocar I	ohn Bodani ale		OF	2000
3. PLACE OF D	DEATH:	per o	ohn Patrick	4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence
	City, Maryland	1 1 11		A. STATE	B. COUNTY	before admission
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institu	ion, give street address or location)	c. CITY OR TOWN	(If outside corporate limits	s, write RURAL and give
4!	St.	Joseph	s Hospital		#6	
a Langth of a	stant in Daltimana	1.6	Mos.		(If rural, give location)	5200
5. SEX	stay in Baltimore	Libyrs.	Days E. MARRIED	B. DATE OF BIRTH		Under 1 Year If Under 24 Hours
0.02/			VED, DIVORCED (Specify)		last birthday) Mo	nths Days Hours Min.
Male	White		ried	May 2nd, 1892	60	
work done during most	CCUPATION (Give kind of of working life, even if retired)	IOB. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
Machinist		Bethle	ehem Steel Co.	California		USA
13. FATHER'S	NAME		Steel MILL	14. MOTHER'S MAIDEN	NAME	
John P.	Dempsey			Bridgett Bro	าพา	
15. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES!	16. SOCIAL	17. INFORMANT		DDRESS
no	(10 30-) \$110 Has 01 Quan	a or sor vaccy	213-09-0858	Mrs John P	Dempsey, 4306 Ri	dan Pd (6)
DISEASE RISE TO 1 UNDERL'	ure, asthenia, etc. It mea complication which c ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A)- YING CONDITION LA	Rused death	(B)	ralized arterio nary arterioscl rgement of hear	erosis,	
TRIBUTING	G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED			
19A DATE O			FINDINGS OF OPER	ATION		20. AUTOPSY?
¥ _	7	200				YES NO
	DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City, g	rive exact location)
	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
OF INJURY		m,	WHILE AT NOT WHILE			
22 I hough	has nameifas that 7 att		deceased from May	1052 40	May 15 , 1952	, that I last saw th
23A. SIGNA	live on May 15	, 1954.		red at 2:30pm., from	n the causes and on th	23c. DATE SIGNED
23A. SIGIVA	E P	VAJa	. 6		ine Street	
24A. BURIAL.		61	44C NAME OF CEMETE	NO N. Carol		or county) (State)
burial	May 19,	1952	Holy Redeemer	Cemetery	lto. Md.	
DATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTO		ADDRESS
LOCAL REGIST	12 Huntin	ston V	Velliamo- ME	Lacellitt	Hay 7	101 Belair Rd
V5 150] 	, postanti ji i ji	The same of	1	TOT DOTALE THE
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Registered N

May 14,1952

B. COUNTY before admission) (If outside corporate limits, write RURAL and give

15 Councilman Avenue -

9. AGE (In years)

M Geder 1 Year If Under 24 Hours last birthday) | Months: Days Hours! Min. 12. CITIZEN OF WHAT COUNTRY?

ADDRESS

Counci

5.9

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

(If in Baltimore City, give exact location)

14, 1952, that I last saw the May

deceased alive on May 14, 1952, and that death occurred at 11:45pm, from the causes and on the date stated above. 23c. DATE SIGNED

May 14, 1952 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

ADDRESS 7401 Balain

THE PERSON AND REPORTED AND ADDRESS AND AD

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		SC	4000	DAL	CEDELEICA T	E OF DEATH	Registered	No
he	BIRT	TH NO.			CERTIFICAT	E OF DEATH	registered .	
E		AME OF DI	CEASED		1		2. DATE	
d.	(Тур	e or Print)	DOR	A SC	MUNART2		DEATH 5-16	-52
		LACE OF DI		412070	p. PV. DUF	4. USUAL RESIDENCE (
3	1	JLL NAME		tal or instituti	ion, give street address or	1/17	lan/	perore admission)
D D	HOS	PITAL OR			location)	1111000	If outside corporate limi	ts, write RURAL and give
E.	11421	ITTOTION	4120 FORES	T PARI	(HILE	BALTIM	IDET 15.	-/O. township)
	W.				Yrs.	D. STREET ADDRESS (I	f rural, give location)	
leg	c. L	ength of st	ay in Baltimore		Mos. Days	4120 FOREST	YARK AUL	
Every item of information should be conly surfite the causes of death clearly and leg	5. SI	EX	6. COLOR OR RACE	7. SINGLE	E. MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		if Under 1 Year If Under 24 Hours onths; Days Hours Min.
	76	male	WhITE	W.	DOW (Specify		87	oliths Days Hours Mill.
ho	10A.	USUAL OC	CUPATION (Give kind of	I 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
n s	WOLK GO	- DIA	working life even if retired.		INDUSTRY	RUSSIA		WHAT COUNTRY?
formatio f death	13. F	ATHER'S N				14. MOTHER'S MAIDEN	NAME	
		710	LAWALAY			LINKNOWN		
for f d	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yos, give war or dates of service) SECURITY NO.					17. INFORMANT		ADDRESS 6
in	(Yes, n	o or unknown)	(If you, give war or date	ee of service)	SECURITY NO.	110		n. WK. A118
m of information should be causes of death clearly and l	1.	- 11	_		01110	MAX SchWAI	11-1-1-120 70	INTERVAL BETWEEN
cal	'	8. 450			CAUSE	OF DEATH		ONSET AND DEATH
it			E OR CONDITION LEADING TO DEA	TH	(%	10220017011		about
ery ce t		heart failu	not mean the mode re, asthenia, etc. It mes	ans the disease	e,	awn nur		7 Mays
Ev		injury or	complication which	caused death			1	
			ANTECEDENT CAU	SES	G DA	rangel arteris	Aulienia	5
NK	Z	DISEASES	OR CONDITIONS,	IF ANY, GIVIN		and www.	Junorus -	
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IF.	2		GNIFICANT COND					
Ph	U U		SEASE OR CONDITION					
н.		9A. DATE O	FOPERATION	I9в. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
TT	\d			l ore pie	or or lullay (Lare wilene pin	(If in Dalding or City	YES NO
Ort		21A. ACCID LYING∐ OF	ENT WAS UNDER. CONTRIBUTING		CE OF INJURY (e. g., iarm, factory, atreet, office bldg.,		(If in Baltimore City,	give exact location)
ng	≥	CAUSE OF I						
		OF INJURY	Month) (Day) (Year		21E. INJURY OCCURR	Carried and a	RY. OCCUR?	
Alla		gamely and the same			WORK NOT WHILE	-		
PI	1 2	22. I hereby	y certify that I at	tended the	deceased from May	112, 19, to 1	164 16 , 195	, that I last saw the
Esp	0	deceased al	ine on may 16	, 19 32	and that death occur	rred at 310 A. m., from	the causes and on	the date stated above.
RI	2	23A. SIGNAT	1 00 - (1 70:0	1.4- 1	23B. ADDRESS	ne ne l	23c. DATE SIGNED
ge W	0.1	0110111	rain,	illi	111 M.D.	2720 1801	uson pur	may 16/32
मि छ	TION	BURIAL C	REMA- 24B. DATE pecify)		24C. NAME OF CEMETE	AT OR CREMATORY 246.	LOCATION (City, town	o, or county) (State)
6		1241/10	May	6-52	Marge &	trans 1	MINORIN IN	us Rev
PLI		E RECEIVED		'S SIGNATU	IRE	125 FUNERAL DIRECTOR	1	ADDRESS
I M	AY 1	6 1954	Huntin	ston /	Misus- 15.	Vacr heurs!	Me, 210002	Entaw Place
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4600 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF GEORGE L. IRELAND 5/13/52 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland 304 Washburn Avenue A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Md. HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Baltimore Yrs. D. STREET ADDRESS (If rural, give location) c. Length of stay in Baltimore 304 Washburn Avenue Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED. 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 4/12/1870 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work dooedurlog most of working life, even if retired) INDUSTRY WHAT COUNTRY? Carpenter B & 0 Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Barbara J. James W. 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. No Family - Same INTERVAL BETWEEN 18. 442 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE solustric Cardis Vaguele Plant Va UNDERLYING CONDITION LAST. E OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT CA 218. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from and 21 195, to flee 13, 192, that I last saw the deceased alive on Mills . 1951, and that death occurred at _m., from the causes and on the date stated above. 23C DATE SIGNED 23A. SIGNATURE 238. ADDRESS 24A. BURIAL, CREMA! TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 5/16/52 A.A. Co. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR **ADDRESS** LOCAL REGISTRAR

James L. McCully - I30 E. Fort Ave.

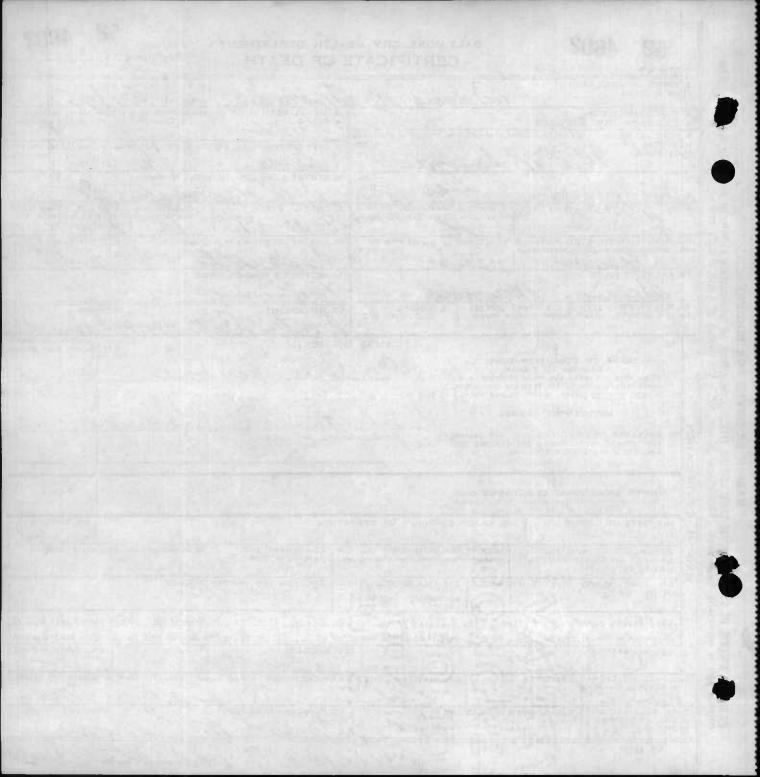
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 Registered No. 4601

ВП	RTH NO.		CERTII TOA	IL OI DEATH					
	NAME OF DECEASED	(1000 cm		2. DATE	3050				
		GEORGE	W. TYI	LER DEATH May 13,	1952				
	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institu A. STATE B. COUNTY	tion: residence before admission)				
		pital or institu	tion, give street address						
	SPITAL OR STITUTION		location	n) C. CITY OR TOWN (If outside corporate limits, write	RURAL and give				
6	Baltimore	City Mo	rgue	Baltimore //-0/	township)				
			Yrs						
С	Length of stay in Baltimore		Mos Day						
	SEX 6.COLOR DR RAC	E 7. SINGL	E. MARRIED,	8. DATE OF BIRTH 9. AGE (In years) If Under 1	Year If Under 24 Hours				
3	Male Colored	WIDOV	WED, DIVORCED (Special	last birthday) Months I 54	Jays Hours Min.				
	A. USUAL OCCUPATION (Give king	lofi 108 KIN	D OF BUSINESS OR		ITIZEN OF				
	done during most of working life, even if retir	ed)	INDUSTR	RY	HAT COUNTRY				
	Laborer	Lumb	per yard		S. A.				
13	FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
	Unknown			Unknown					
	. WAS DECEASED EVER IN U.S. ART , no or unknown) (If yes, give war or d	AED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRES	ss				
((,	OZGOMITI NO.	Mary Widgeor, 906 Shields Place					
	18. 795.5		CALISE		TERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThhoum								
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
	ANTECEDENT CAUSES								
	(B)								
Z	DISEASES OR CONDITIONS, IF ANY, GIVING								
۲I	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TD UNDERLYING CONDITION LAST. (C)								
Y			(C)		***************************************				
Ĕ									
E	OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, B								
ш	TO THE DISEASE OR CONDIT	ON CAUSING	IT						
O	19A. DATE OF OPERATION	19B. MAJOF	R FINDINGS OF OPI		20. AUTOPSY'?				
A F					YES X ND				
U	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRI	1	ACE OF INJURY (e. g., farm, factory, street, office bld;		act location)				
O U	UTING CAUSE OF DEAT								
Σ	21D. TIME (Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCCUP	RRED 21F. HOW DID INJURY OCCUR?					
	OF INJURY	m.	WHILE AT NOT WHILE WORK AT WORK						
	22 I contife that I took at			A+	reon and from				
	22. I certify that I took cl			Autopsy. Inspection or Inquiry					
	the evidence obtained	by said Aut	topsy, Inspection or	r Inquiry, find that said deceased died on the day	y stated above				
		on resulted	from: natural caus	ses 🗀, accident 🗀, suicide 🗀, homicide 🗀, undete					
	23A, SIGNATURE	PLI		ASSISTANT MEDICAL EXAMINER X	TE SIGNED				
	Milliam Va	MANUEL STAN		M.D. MEDICAL INVESTIGATOR 1 170.	14, 1952				
TIC	A. BURIAL, CREMA- 24B. DATE		24C. NAME OF CEME	TERY OR CREMATORY 24D. LOCATION (City, town, or cou	nty) (State)				
	ma	4/6	MI	mus ,					
	TE RECEIVED BY REGISTRA	S SIGNAT	URE	25. FUNERAL DIRECTOR ADD	RESS				
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V	S 151	4	970	06P 7	aces				
				FE 1/92 / W.S. SHI IS /					



4603 Registered No 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS Tyson 1207 Myrtle Ave. INTERVAL BETWEEN DNSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location)

Autopsy, Inspection or Inquiry 23c. DATE SIGNED

2 d. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

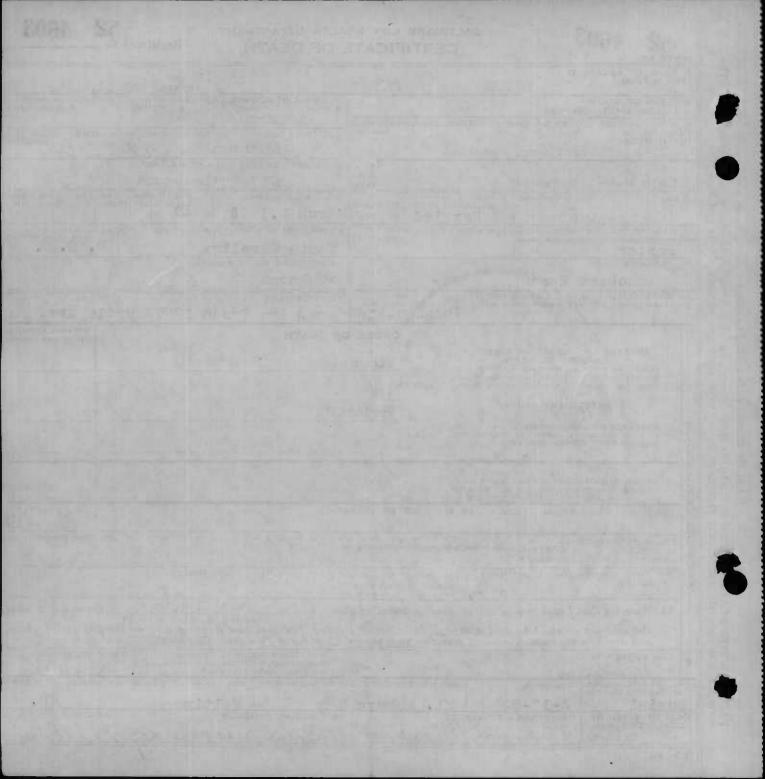
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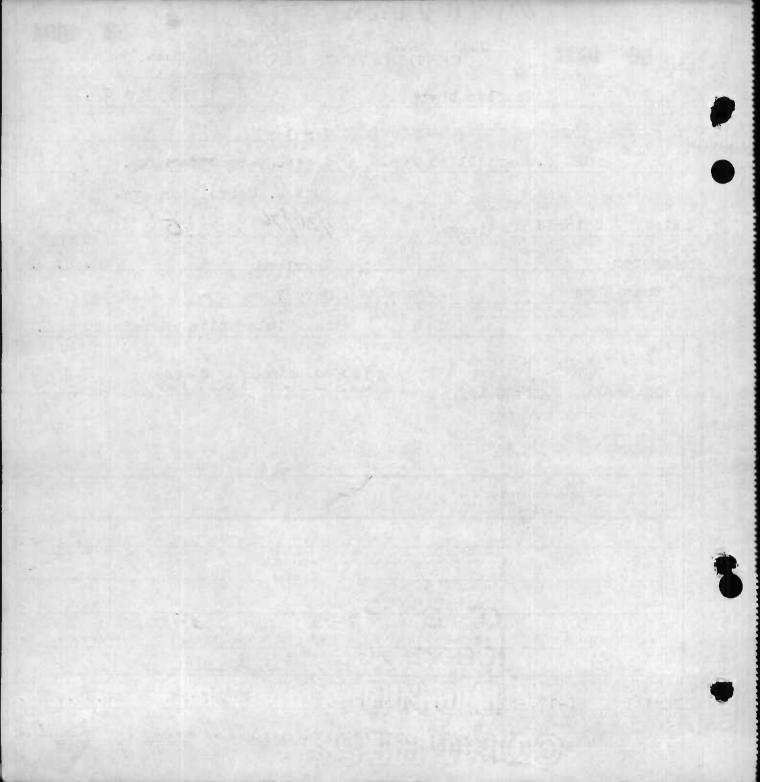
BALTIMORE CITY HEALTH DEPARTMENT

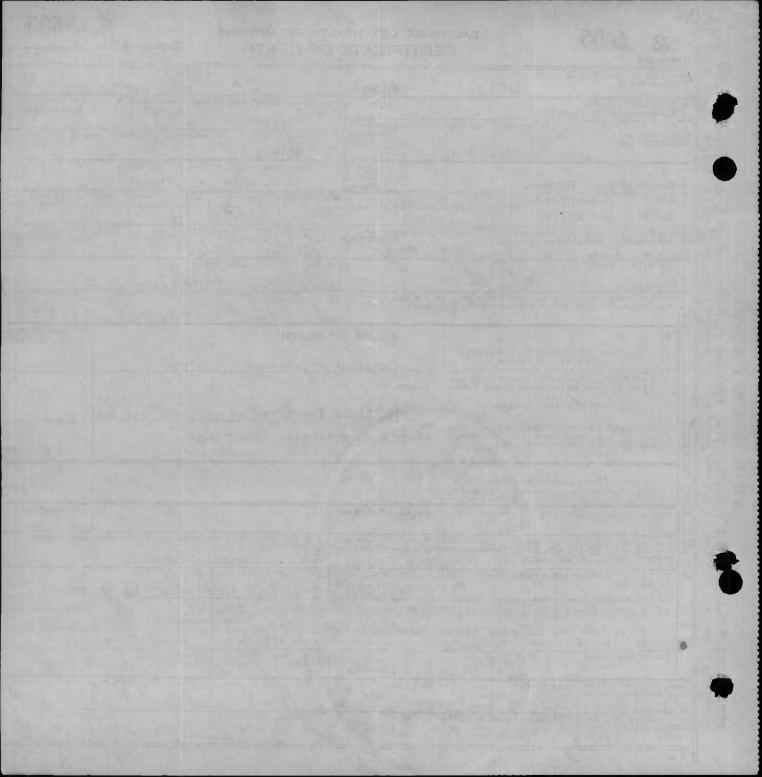


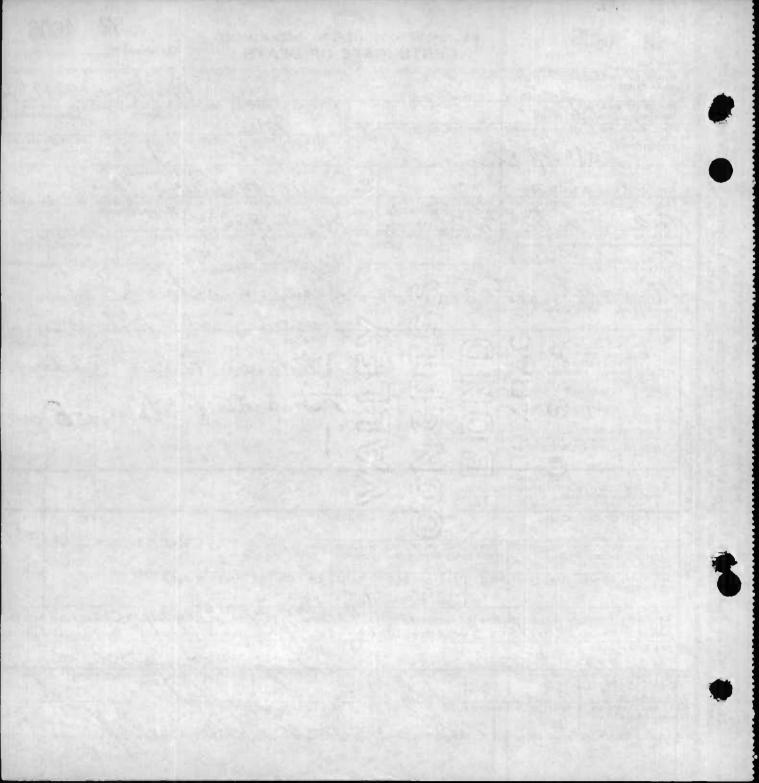
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52	4604		CERTIFICATI				
BIRTH NO. 1. NAME OF I (Type or Print)		arles	Whye		2. DATE OF May	13,1952	
3. PLACE OF A. Baltimore				4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE B. COUNTY before admission)			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
0-01	822 N. Carrollton Ave.			D. STREET ADDRESS (If rural, give location)			
c. Length of	stay in Baltimore		Mos. Days	822 N. Carrollton Ave.			
5. SEX Male	WIDOWED, DIVORCED (Specify)		8. DATE OF HIRTH	9. AGE (In years il in last hirthday) Mont	der I Year If Under 24 Hours Hours Min.		
10A. USUAL Owark done during mos	CCUPATION (Give kind of tof working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY			2. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S				Maryland U. S. A. 14. MOTHER'S MAIDEN NAME			
Th6mas	Whye			Mary ?			
15. WAS DECEA: (Yes, no or unknown	SED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Viol	a White Herefo:	rd, Md.	
RISE TO UNDERL	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) LYING CONDITION LAST ON THE SIGNIFICANT CONDING TO THE DEATH, BUT	F ANY, GIVIN STATING TH	(B) G E DUE TO (C)		TIC CARDIO -		
19A. DATE	OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY7	
SAL						YES NO	
Q LYING CAUSE OF	DENT WAS UNDER- OR CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			e exact location)	
21D. TIME OF INJURY	(Month) (Day) (Year		VHILE AT NOT WHILE WORK		INJURY OCCUR?		
22. I here deceased	alive on 5-12	tended the	deceased from	3-23 ,195 rred at 9:46 P m. 238. ADDRESS 1824 W.	to 5-13, 1952, from the causes and on the	that I last saw the date stated above. 23c. DATE SIGNED 3 - 13 - 5 2	
24A. BURIAL, TION, REMOVAL	CREMA- 24B, DATE	1		RY OR CREMATORY	,24D. LOCATION (City, town, o		
Burial	5-17		St. Lukes C		Hereford, Balto	ADDRESS 5774	
DATE RECEIV LOCAL REGIS		tington	Williams M	M.J. Lau	ces G. Herenley	Diddle IL	
VS 150		1			/		

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George G. Kelson 1303 Presstman St.

May 14, 1952

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

ADDRESS

before admission)

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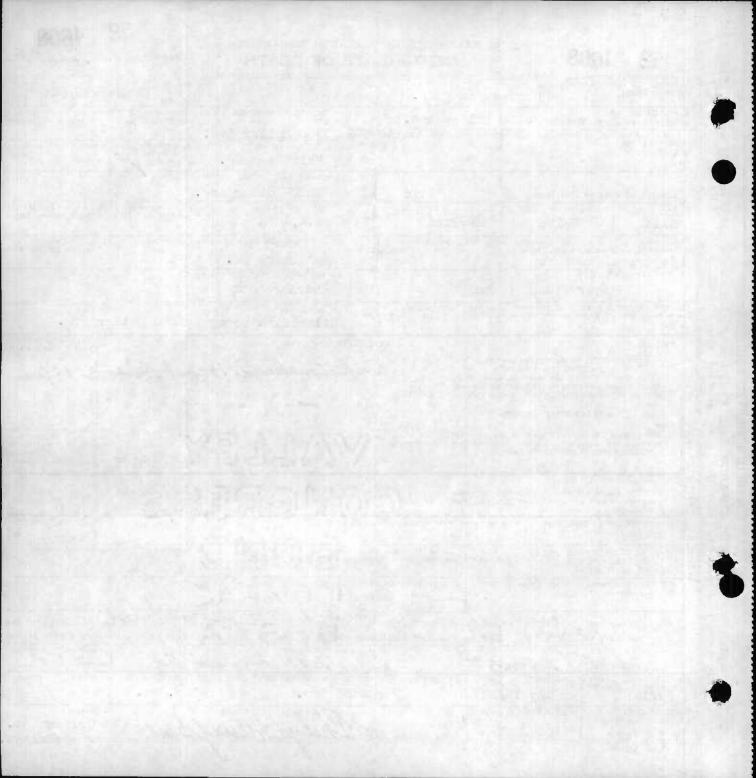
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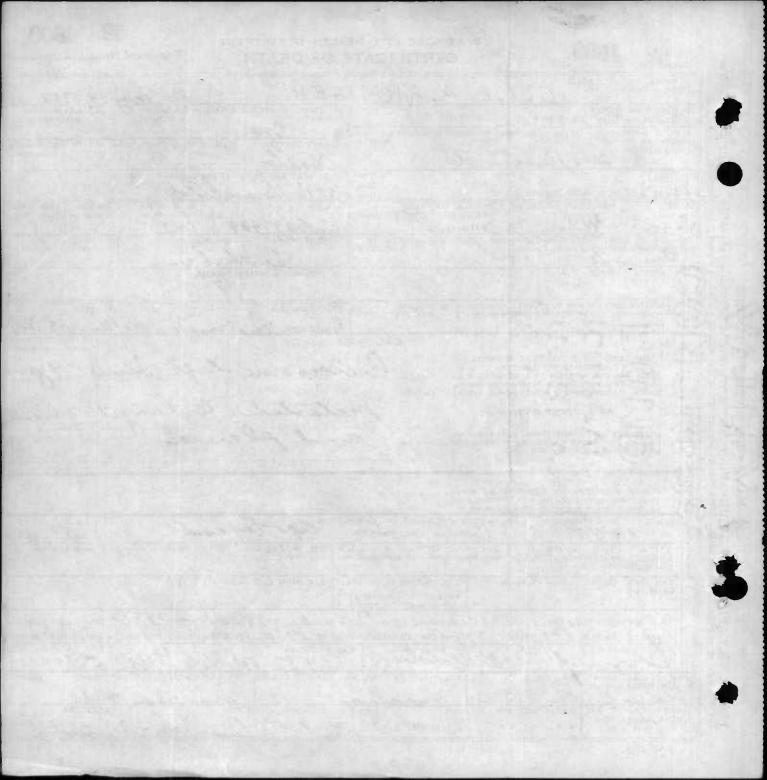
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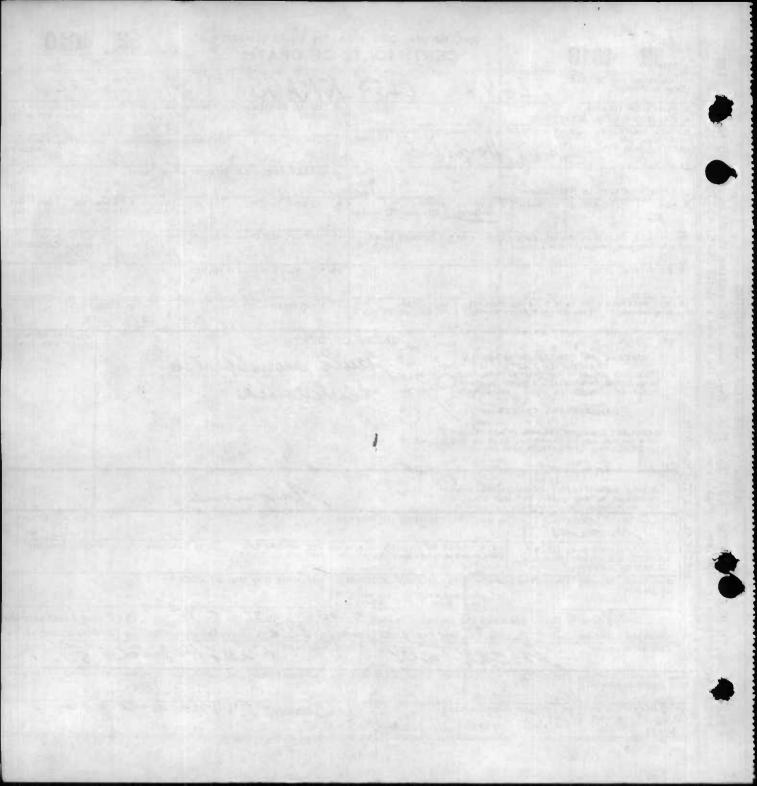
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	52	4608			EALTH DEPARTMENT E OF DEATH	Registered 1	No
	NAME OF Dype or Print)		and Varma	C >>		2. DATE	lay 15/52
-	DI ACE OF F	SEATH.	rad Young		4. USUAL RESIDENCE (Where deceased lived. If	institution : residence
A. Baltimore City, Maryland 5300 Holder Ave. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)							before admission)
INSTITUTION					Baltimore Md. 27-44 township)		
c.	Length of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 5300 Holder Ave.		
5.	sex Male	6.CDLDR OR RACE	7. SINGLE, MA WIDOWED, I		8. DATE DF BIRTH Feb.4,1874	9. AGE (In years last birthday) Mo	M Under I Year on the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Repairs (Owner)					11. BIRTHPLACE (State or foreign country) Baltimore Md.		
13	. FATHER'S	NAME Henry Young	(Jung)		14. MOTHER'S MAIDEN NAME Barbara Ott		
15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES? 16.	SOCIAL SECURITY NO. NONE	17. INFORMANT Wilhelmina Youn		ADDRESS ler Ave.
RTIFICATION	(This doe heart failt injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEA' s not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	TH f dying, e.g., ns the disease, aused death.) EES F ANY, GIVING STATING THE ST.	(A)		Kent Den	one 13 fm
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT						
EDICAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY						YES NO
MEDI	LYING O	DENT WAS UNDER- OR CONTRIBUTING DEATH		OF INJURY (e. g., i ctory, street, office bldg.,		(If in Baltimore City,	give exact location)
~	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK						
		by certify that fatt live on the	ended the dece	ased from that death oecu	rred at 1 m., from 23B. ADDRESS		that I last saw the he date stated above.
	Burial Burial	CREMA 24B. DATE Specify) May 1		NAME OF CEMETE	od Cem.	Balto. Md.	, or county) (State)
	ATE RECEIVE		SSIGNATURE		28 FINERAL DIRECTOR	7 . /	ADDRESS



A-6	SALTIMORE CITY HI	EALTH DEPARTMENT 52 4609
The	52 AGUS CERTIFICAT	E OF DEATH Registered No.
· p	1. NAME OF DECEASED (Type or Priat) OLIVE A.ARMI	GER Compared to the second liver of the sec
sn	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission
ally ly.	HOSPITAL OR INSTITUTION 3216 / Knowish Rd.	Balto 13-05 township
e callegibly	c. Length of stay in Baltimore Yrs. Mos. Days	3216 Heswich Rd.
should be	Fensale White Market Market Specify)	8. DATE OF BIRTH 9. AGE (In years lift budge I Year Months: Days Hours Min Oct 29 1909 42
on shou	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tourseurge INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
NDING information s of death cle	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BINDING of inform	(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Emerson Mr. Armiger 3216/leswich Rol
Every item	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in the complete the conditions of t	etostatus & lungs 3 montes
to be	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON-	
H	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	PATION legebres 20. AUTOPSY?
wirring with the second	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING About home, farm, factory, street, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, give exact location)
A É	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK	
WRITE PLA	22. I hereby certify that I attended the deceased from deceased alive on 14, 19 52, and that death occur	rred at 10 m, from the causes and on the date stated above
E WRI	Consid Wallevelun.	838. ADDRESS W 36 74 5/11/32
to to	BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 2	RY OR CREMATORY 24D. LOCATION (City, town, or county) /(State)
PLE	DATE RECEIVED BY REGISTRAR'S SIGNATURE	For E Chennelle X15-17 Cherture
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before admission)

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

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LOCAL REGISTRAR

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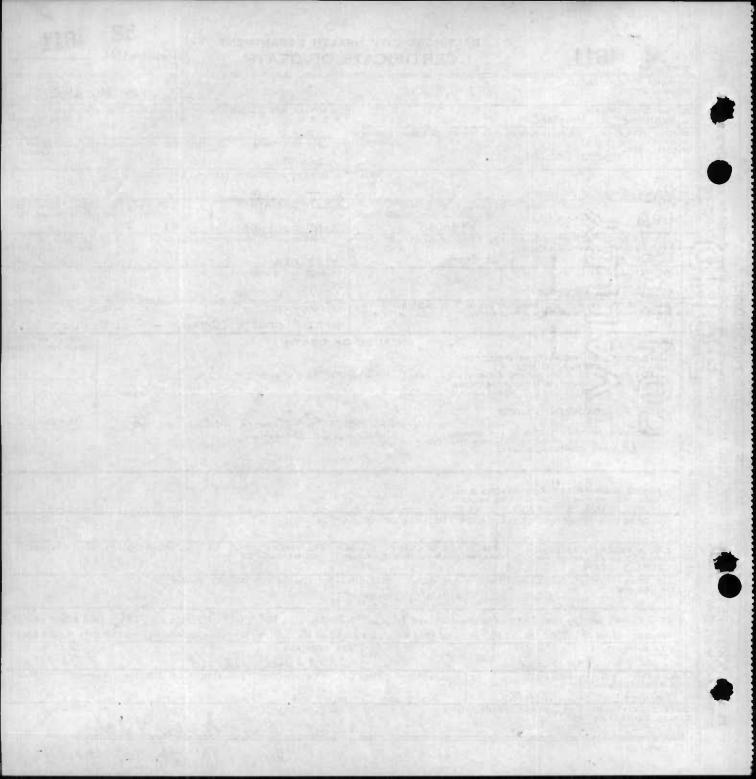
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Physicians:

death



42	.5
52 BIRTH NO.	4612
1. NAME OF	DECEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 4612 Registered No.

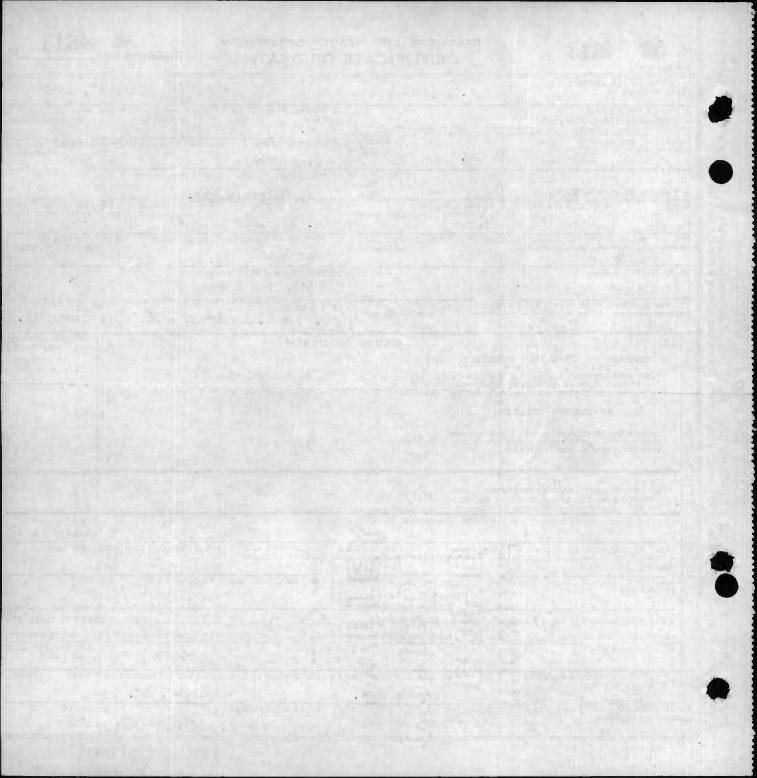
BIRTH NO.			
1. (T	NAME OF DECEASED ype or Print) MARY HAWKINS WILSON	2. DATE OF 5/15/1952	
Α.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE Where deceased lived. If institution: residence before admission)	
H	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give	
	Muon 1 errori y (TOSZITZ)	Belto. Rent a township)	
C	Yrs. Mos. Days	5.508 Northway Drive	
-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under 1 Year It Under 24 Hours	
10	female white widowed A. USUAL OCCUPATION (Givekindof) 10B, KIND OF BUSINESS OR	Oct 15, 1870 81	
work	doesewife at home		
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	Henry Schole Or	Mary AzwKits	
(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Gree B. Aitken Same	
	18. E902.0 . CAUSE	OF DEATH INTERVAL BETWEET	
	DISEASE OR CONDITION DIRECTLY	e-incolation solia	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	er, aislese with	
	ANTECEDENT CAUSES	esterisjon 150 A VI	
NO O	DISEASES OR CONDITIONS, IF ANY, GIVING	of Tracture FILCE TERROS (1) 10 eys	
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	CERTIFICATION APPROVED BY	
IFIC	(C)	I I D only	
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	Stanley M. D. M. D. M. D.	
U	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	Olive -	
CAI	21A. ACCIDENT SUICIDE, 21B. PLACE OF INJURY (c. 8., i)	nor 21c, WHERE DID (If in Baltimore City, give exact location)	
EDI	HOMICIDE (Specify) about home, farm, factory, street, office bidg.,		
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI		
	5/11/52 m. WHILE AT NOT WHILE AT WORK	9 / Ell out of eld	
	22. I hereby certify that I attended the deceased from 5 deceased alive on 5/15, 1952, and that death occur	1932 to 3/13, 1932 that I last saw the red at 2:40 2m., from the causes and on the date stated above	
		23B. ADDRESS 23C. DATE SIGNED	
2.	M. D. (M. D.)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)	
TI	ON REMOVAL (Specify) 5/17/52 St. James C	Cem. My Lady's Mapor, Md.	
DI	ATE RECEIVED BY REGISTRAR'S SIGNATURE DOCAL REGISTRAR MAY 1 6 1952 Huntington Williams 1.	25. FUNERAL DIRECTOR ADDRESS	
1	VS 150	Rathin Mid	
1	N 820.0	1 hoursell lines	

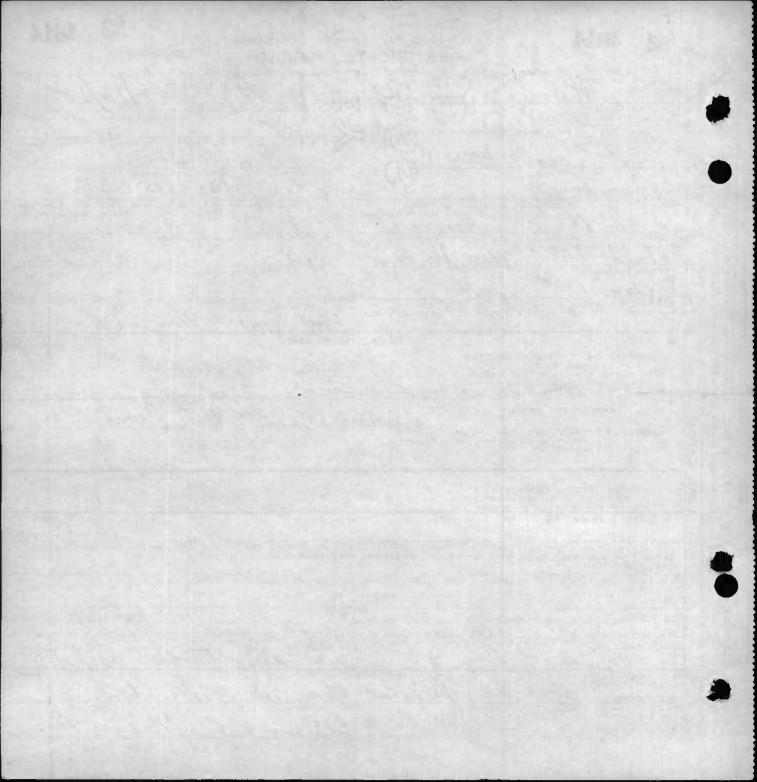
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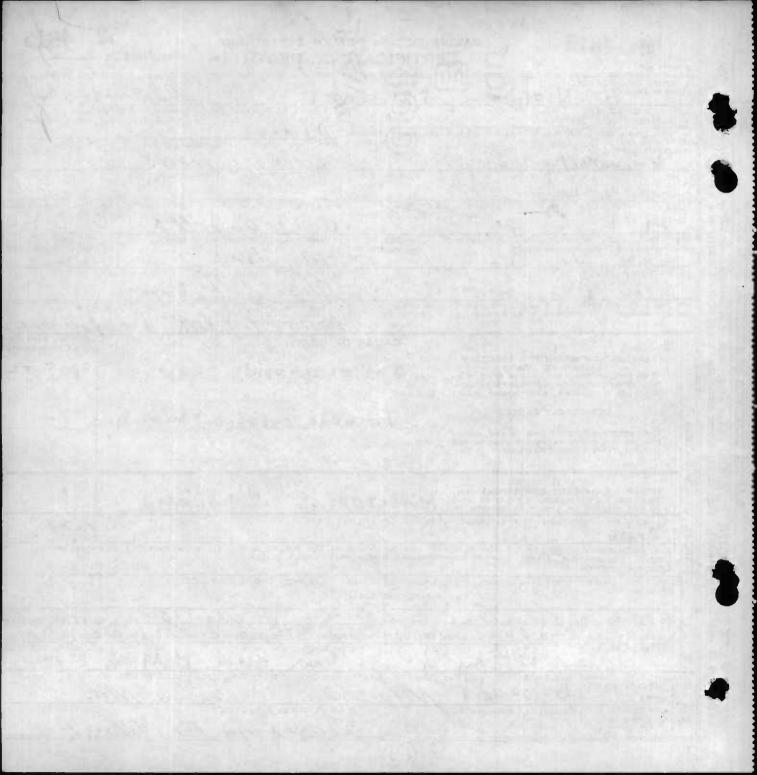
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before admission)

If Under 1 Year

12. CITIZEN OF

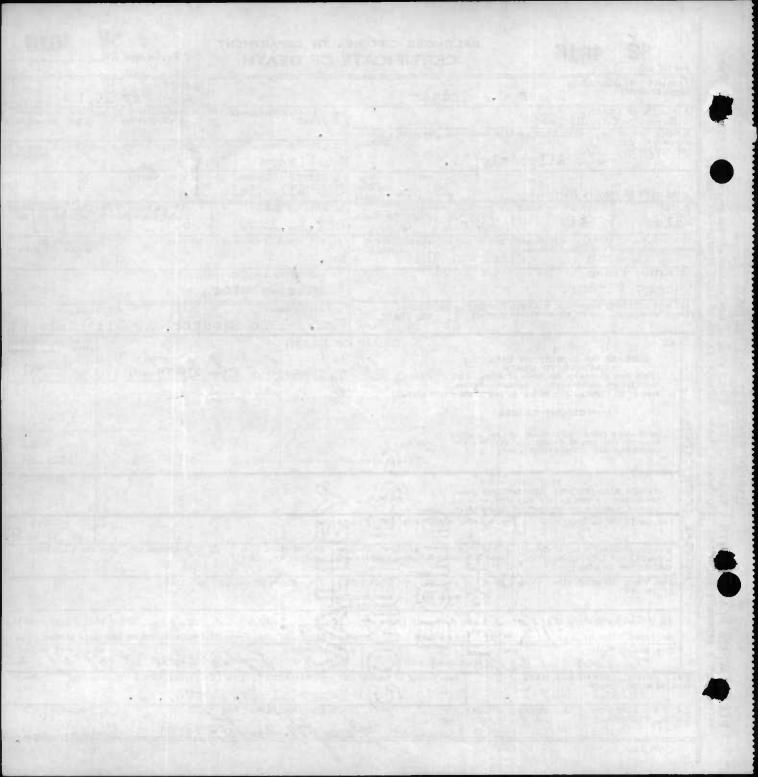
WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

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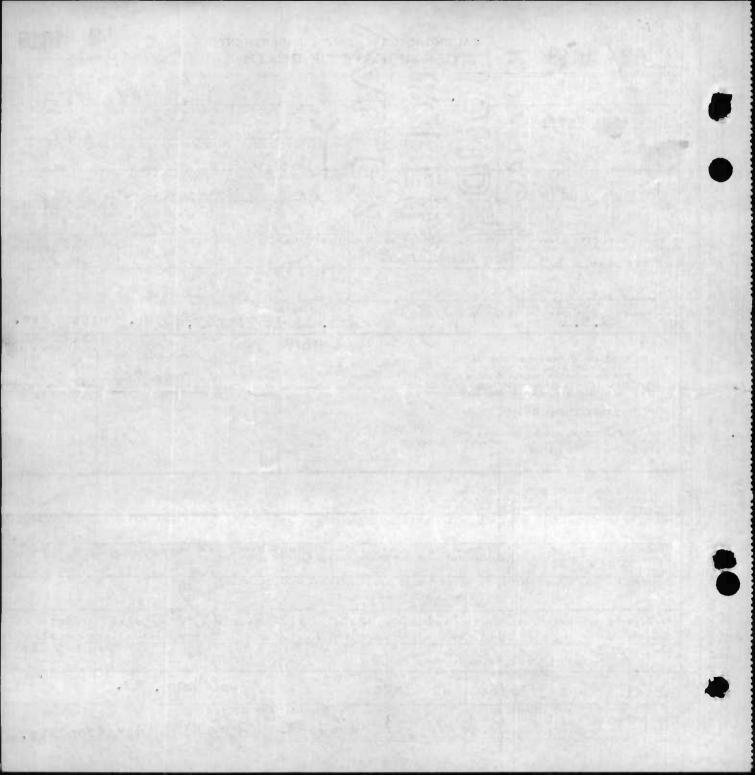
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John

K-	6	,00 52 4617	ВА		EALTH DEPARTMENT	5	2 4617
The	В	RTH NO.		CERTIFICAT	E OF DEATH	Registered No	D
H	1. NAME OF DECEASED Louis E. Kreh		reh		OF May	13/52	
Mns	Α.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or		4. USUAL RESIDENCE (W		nstitution : residence before admission	
em of information should be caully scauses of death clearly and legiber.	12 Benkert ve.		Baltimore	outside corporate limits,	write RURAL and giv township		
		c. Length of stay in Baltimore Life Mos. Days			D. STREET ADDRESS (If 1		
	1				12 Benkert Ave. 18. DATE OF BIRTH 9. AGE (In years) I Under I Year II Under 24 Hour		
	M	ale Whitw	I al	ried (Specify	Oct. 16,1891	last birthday) Mon	ths Days Hours Min.
	work dogs during most of working life, even if retired) Inspector Bull timore City			Balto. Md.	reign country)	12. CITIZEN OF WHAT COUNTRY	
	1	13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
		John H. Kreh			Sadie R. Chalmers		
nfo	1 5 (Ye	S. WAS DECEASED EVER IN U.S., ao or unknown) (If yes, givo wa	. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
of i					Irs.Lena E.Kreh	,12 Benker	t Ave.
m		18. 420.1		CAUSE	OF DEATH		ONSET AND DEATH
ite		DISEASE OR CONDI		000	nary Ocele	1	8. 1000
Every write th		(This does not mean the heart failure, asthenia, etc. injury or complication v	mode of dying, e. . It means the dises	ase,	rang ocea		guille
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ase	Z				Vascular Me	we c	3 gais
				THE DUE TO	Mullim		0
ADING icians:	CA	ONDERETING CONDITI	ON LAST.	(C)	***************************************	***************************************	
DI	E				,		
UNFADING Physicians:	CERT	OTHER SIGNIFICANT TRIBUTING TO THE DEATH TO THE DISEASE OR CON	H, BUT NOT RELAT	TED (O A SINGLE)	Demorrhage		Nov.1949
1-1	1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER			RATION		20. AUTOPSY?
TTH ant.	O.A.	AL ACCIDENT WAS IN	DSC DIE DI	ACE OF INJURY (e.g.,	in or 21c. WHERE DID (I	f in Baltimore City, gi	YES NO L
important.	MEDI	21a. ACCIDENT WAS UNL LYING OR CONTRIBUT CAUSE OF DEATH		e, farm, factory, street, office bldg.		i in partimore City, gi	ve exact location)
	2	21D. TIME (Month) (Day) OF INJURY	(Year) (Hour)	21E. INJURY OCCURF	ED 21F. HOW DID INJURY	OCCUR?	
Ally			m.	WHILE AT NOT WHILE			12/2 2 12 12
PLA1 ecially		22. I hereby certify tha	t I attended th	e deceased from 4	1949 to 27	12 ,195	that I last saw th
		deceased alive on 5/1		and that death occu	rred atm., from the	he causes and on the	e date stated above
ge is esp		23 SIGNATURE WY	hus		3432 druss	at au	BILDIO
90	2 TI	4A. BURIAL, CREMA- 24B. I ON, REMOVAL (Specify)	,	24c. NAME of CEMET		OCATION (City, town, o	
90	B	urial May		Loudon Pk.		imore 29,Md	
PLE		ATE RECEIVED BY REGIS OCAL REGISTRAR MAY 1 6 1952	Turtington	Williams 4	arm White		address ison Ave.

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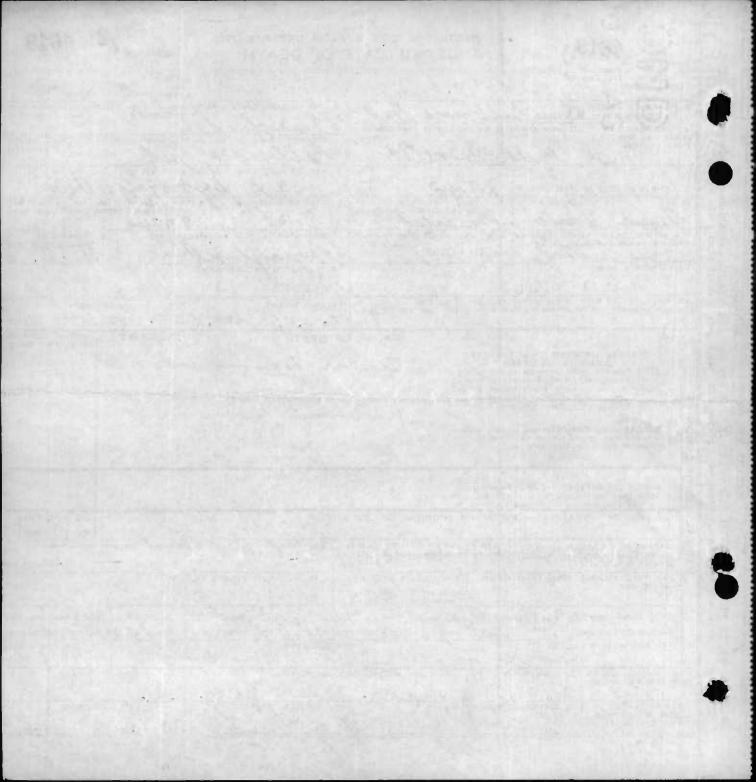


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FOR

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153	A
BIRTH NO.	

4620

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	4620
Registered No	- 0.00

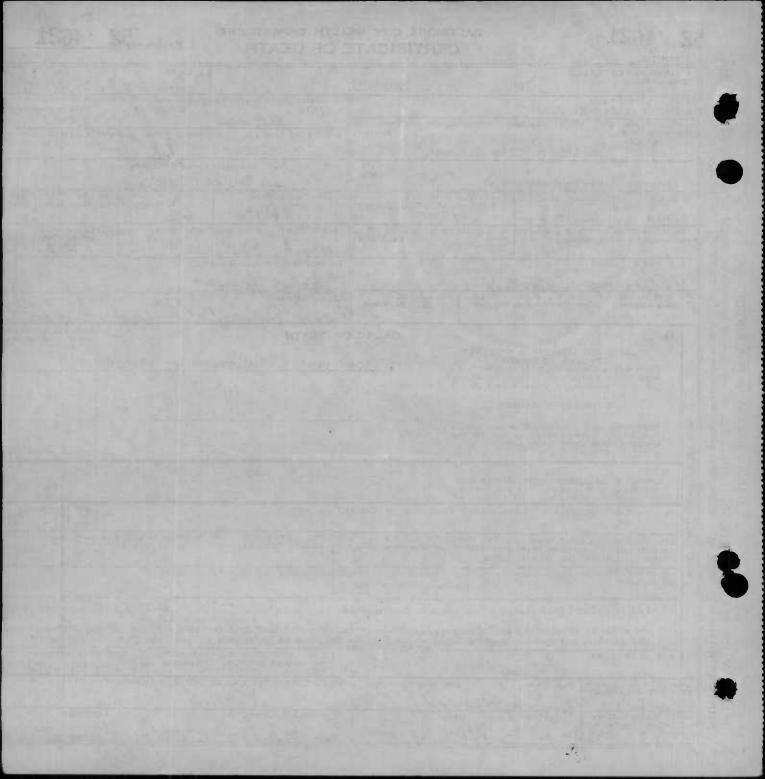
1. NAME OF, DECEASED (Type or Print) 3. PLACE OF DEATH:	2. DATE -	
3. PLACE OF DEATH:	of DEATH May	13.1952
A. Baltimore City, Maryland 4968 Sacchinese (Le	4. USUAL RESIDENCE (Where deceased lived. If insti	tution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or		mare .
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, wr	ite RURA), and give
M 4968 lagemere (bre	Billemore 77.	- Stownship)
Yrs.	D. STREET ADDRESS [If rural, give location]	- / V
c. Length of stay in Baltimore Mos.	4968 Totalmere Con	eno
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH , 9. AGE (in years If Under	
Temple WIDOWED, DIVORCED (Specify)	last birthday) Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF
work dooe during most of working life, even if retired) NDUSTRY	100	WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	M. B.CC
Harvey O. Doughter	9	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16/SOCIAL	Coma 6 Ment	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	ESS
	Transe Hottunger 496	callemine
77-0	OF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0 0 1/	2/
(This does not mean the mode of dying, e.g., (A)	etral Hemorrhage	とりても
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	0	
ANTECEDENT CAUSES	T . O	1.
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O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
dinderting condition Last.		
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OTHER SIGNIFICANT CONDITIONS CON-		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	RATION	20. AUTOPSY?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		YES NO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give	YES NO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., CAUSE OF DEATH	in or 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?	YES NO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., labout home, farm, factory, street, office bldg., CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURROF INJURY)	in or 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?	YES NO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	in or 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?	YES NO
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BALTIMORE CITY HEALTH DEPARTMENT

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16	BIRTH NO.	TE OF DEATH Registered No. 10021
Ē	1. NAME OF DECEASED (Type or Print) JAMES CAMPBI	LL 2. DATE OF May 8, 1952
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY Defore admission)
Jins	B. FULL NAME OF (If not in hospital or institution, give street addres	
lly s	Baltimore City Morgue	Baltimore township)
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ca	c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	446 Taubman Court 8. DATE OF BIRTH 9. AGE (In years) Under 1 Year 11 Under 24 Hours
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NDING information s of death cle	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NG orms dea	45. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT 121. ADDRESS
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	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	HLE THE THE PARTY OF THE PARTY
LAh	m. WORK AT WO	d above, held an Inspection & Inquiry thereon and from
RITE PLA	the evidence obtained by said Autopsy, Inspection of	Autopsy, Inspection or Inquiry or Inquiry, find that said deceased died on the day stated above
WRITE e is esp	and death in my opinion resulted from: natural car	uses X, accident □, suicide □, homicide □, undetermined □. 23B, CHIEF MEDICAL EXAMINER □ 23C, DATE SIGNED
age W	William Woman	M.D. ASSISTANT MEDICAL EXAMINER
PLEA W	TION REMOVAL (Specify)	ETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
PLE	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
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12. CITIZEN OF

WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

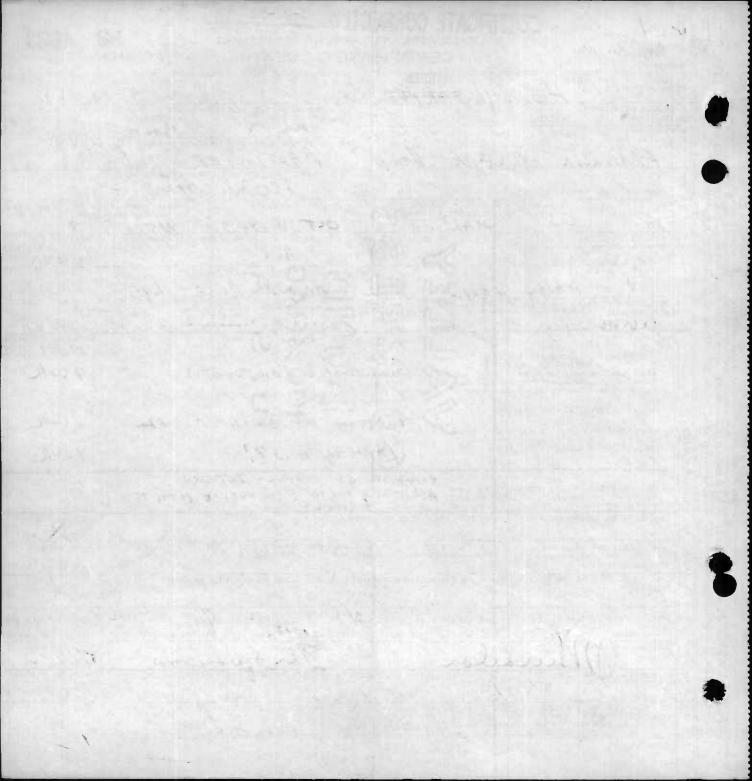
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Md B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days on should be clearly and l 5. SEX 6. COLOR OR RACE AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) 1400 MAKRIEI 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR information s of death cle un 4221/81 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Cross 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH > charolize 1 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-ASCITES MARKED! Congestive Heart TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 4 EDIC 21B. PLACE OF INJURY (e. g., in or | (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! 1952 and that death occurred at 1052 Am to 22. I hereby certify that I attended the deceased from. 1936, that I last saw the deceased alive on _______ Am., from the causes and on the date stated above. 23A. SIGNATURE RI DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION (City, town, or county) Buriel DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE. VS 150



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12. CITIZEN OF

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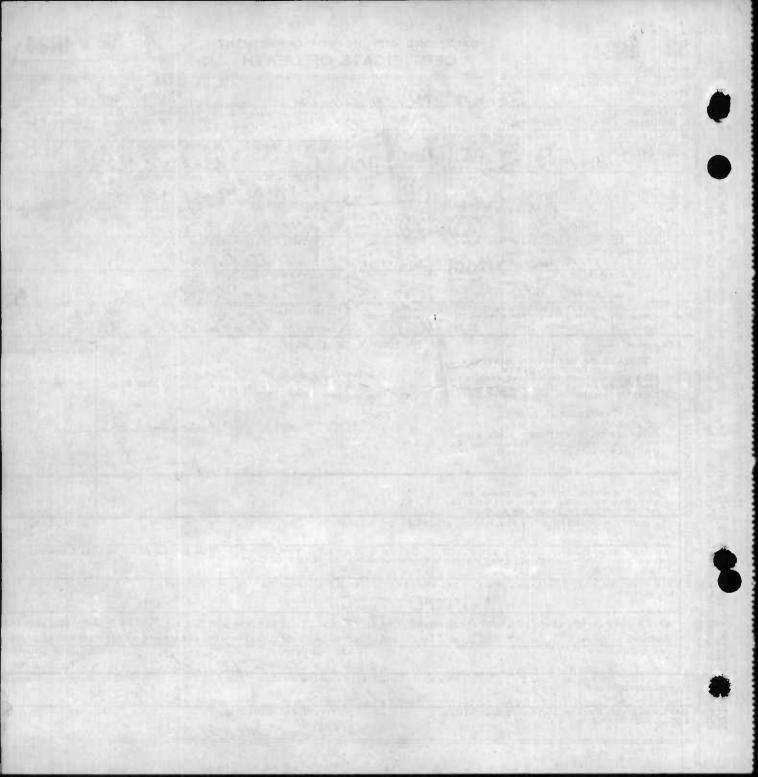
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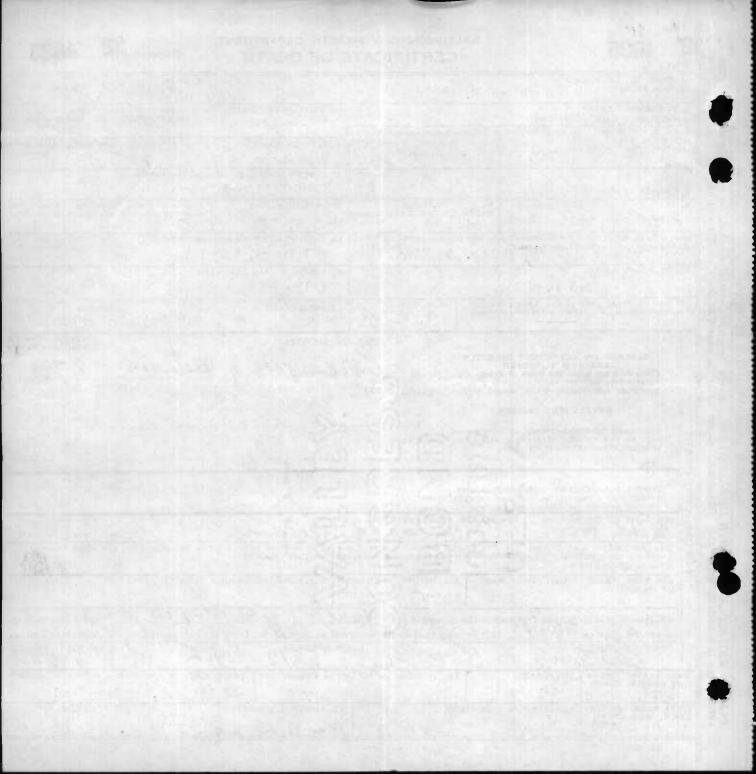
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BALTIMORE CITY HEALTH DEPARTMENT

Registered R. 4625

1217 St. Paul Street

CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF Charles F. Wille DEATH May 15, 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY aryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give 2205 Guilford Avenue township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos 2205 Guilford Avenue c. Length of stay in Baltimore Dava 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours! Min. male widowed May 16, 1890 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? alto. Tool Grinder Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARPENNE Carl F. Wille Stella 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, ao or unknown) SECURITY NO Margaret Ament, 2205 Guilford Avenue 18. 54X CAUSE OF DEATH INTERVAL BETWEEN DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TD THE DISEASE DR CONDITION CAUSING IT. U 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 1950 DICA 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (c. 21c. WHERE DID (If In Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from University 195 that I last saw the 1952 deceased alive on and that death occurred at m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c, DATE SIGNED 24A. BURIAL, CREMA 24C NAME OF CEMETERY DR CREMATORY 240. LOCATION (City, town, or county) TION, REMOVAL (Specify burial Baltimore Cemetery Baltimore. Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEAT 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS Yrs. (If rural, give location Mos. c. Length of stay in Ballimore Days should be 5. SEX 6. COLOR OR BACE 7. SINGLE, MARRIED 8. DATE AGE (In years) II Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work dooe during most of working like even if retired) BIRTHPLACE (State or foreign country BUSINESS OR IOB. KIND OF 12. CITIZEN OF NDUSTR information 13. FATHER'S NAME death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or noknowo) SECURITY NO causes 235-05-09 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTII OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. OPERATION Cercinisma EDICAL 21A. ACCIDENT WAS UNDER 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK

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24C. NAME OF CEMETERY OR CREMATORY

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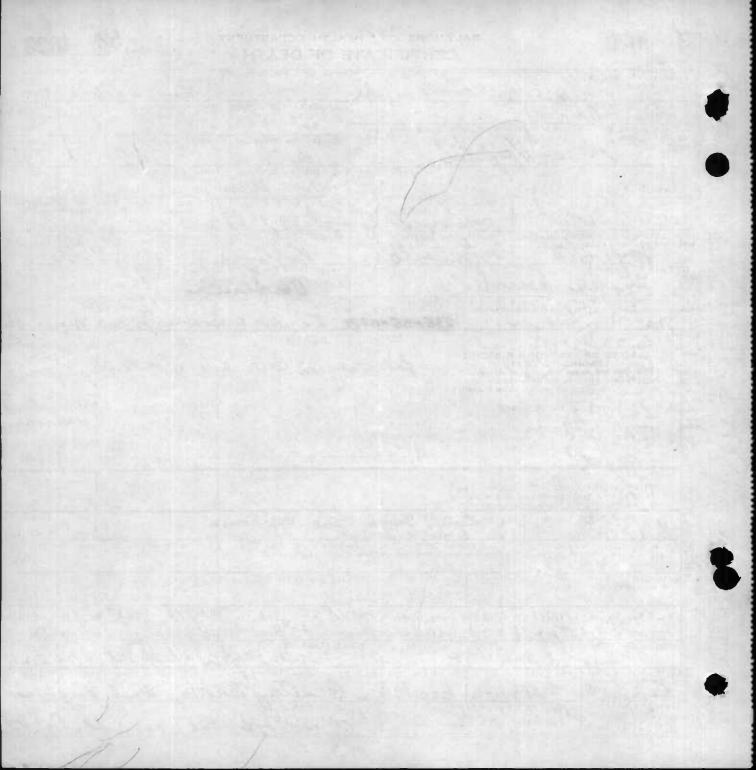
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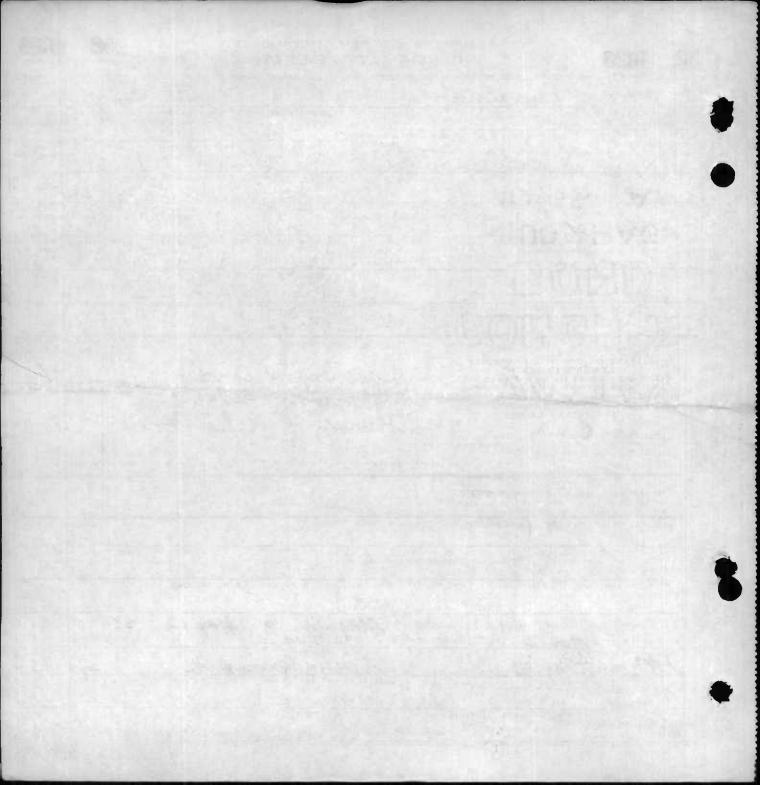


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The	5	2 4628 CERTI	IFICATE OF DEATH Registered N	0. 40.0
	1. (T	NAME OF DECEASED Everena	2. DATE OF DEATH 5	1/3/52
5	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If i	nstitution: residence before admission)
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be cand leg		Length of stay in Baltimore SEX 6. COLOR OR BACE 7. SINGLE, MARRIED	D. 8. DATE OF BIRTH 9. AGE (In years)	Under 1 Year If Under 24 Haws
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on sh	worl	Domestic at Ao	industry Edentoria, N.C.	WHAT COUNTRY?
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PLA		22. I hereby certify that I attended the deceased.		that I last saw the
WRITE PLA ge is especial		deceased alive on 13, 1952, and that of	death occurred at T.UH m., from the causes and on th	23c. DATE SIGNED
M e	24	4A. BURIAL, CREMA- 24B. DATE 124C. NAME ION REMOVAL (Specify)	M. D. 1543 FORMA. O.Q. E OF GEMETERY OF CREMATORY 24D. LOCATION (City, town.	or county) (State)
E.		DATE RECEIVED BY REGISTRAR'S SIGNATURE	A Chubern Salt-un	roll Mf
PLE,		MAY 16 1952 Tuntington William	us, my oseph a purely 66	1W Barr
		VS 150	72081	St



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF WILLIAM R. KTRK DEATH MAY 74 1952 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate inpits, write RURAL and give INSTITUTION Baltimore Windsor Rest Home o. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 3210 Walbrook Ave. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under I Year It Under 24 Hours last birthday) Months: Days Hours Min. If Linder 24 Hours Sept. 6,1874 widower 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Revere Bassindustry 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Foreman Conn. and copper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Kirk Anna Hirshfeld 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Spanish American Mrs. Harriett K. Reed-3210 Walbrook Yes None INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND OEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. QUE TO L OTHER SIGNIFICANT CONDITIONS CONœ TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 6 June 1950 21B. PLACE OF INJURY (c. g., in or | 21C. WH NO 4 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK 15 Dec 1951 to 14 May , 1954 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 13 mg. 19 52 and that death occurred at 735 Am, from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, twn, or county)

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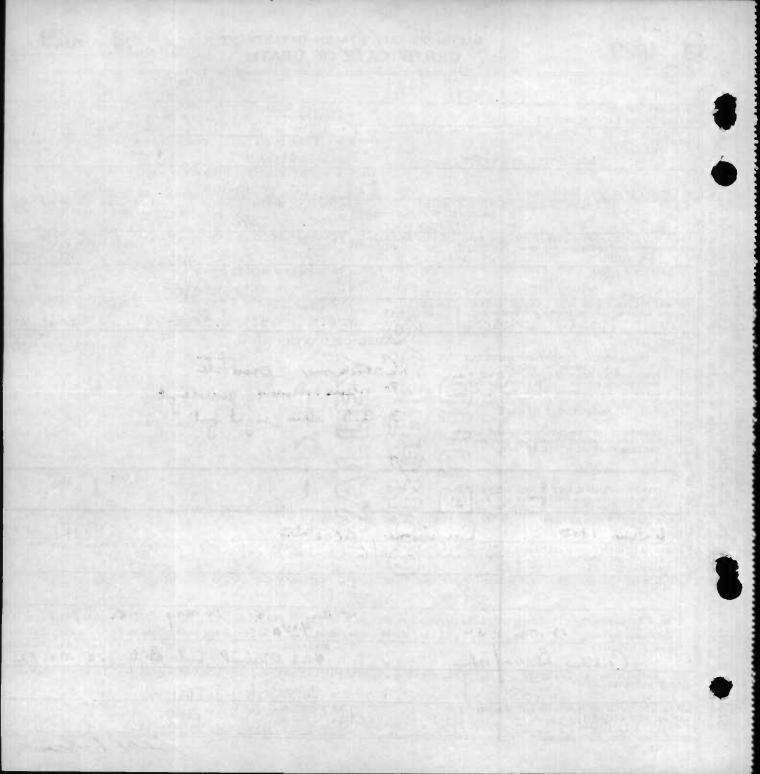
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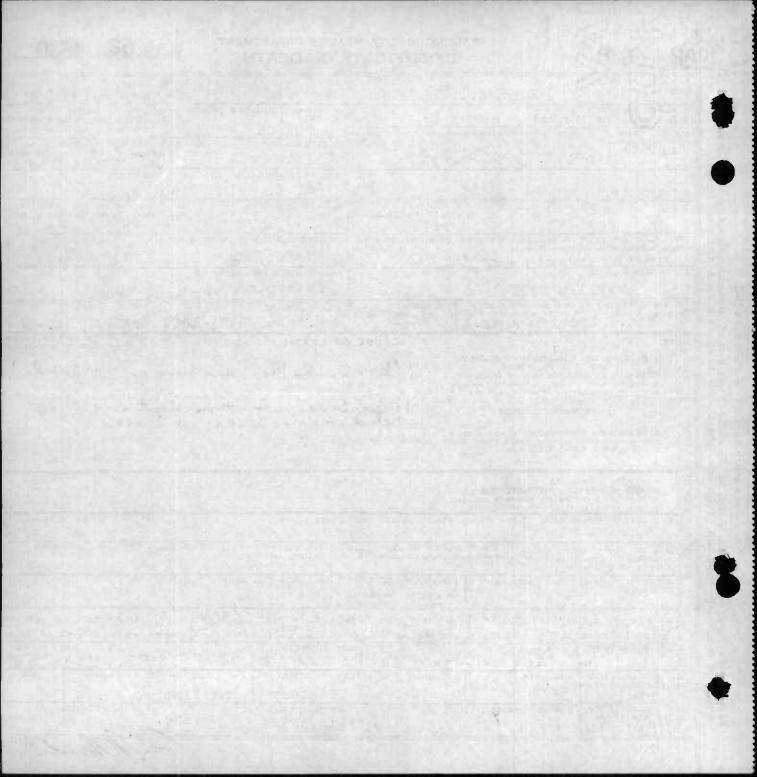
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& Broadway-13-Md.



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BALTIMORE CITY HEALTH DEPARTMENT Register 2No 4631 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Walter F. Jamison May 16, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR Baltimore City Hospitals 4940 Eastern Avenue C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 40 yrs. information should be coof death clearly and legi Mos. 131 S. East Avenue-24 c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under I Year 7. SINGLE, MARRIED. last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) July 30 ? "hite Mala Married 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Hardware Pa. Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William C. Jamison Hester E. Long 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS 2-07-6 ecords: B. C. H. 4940 Eastern Avenue No INTERVAL BETWEEN 18. 1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH
(This does not mean the mode of dying, e.g., Acute Pulmonary Edema 7hrs. te heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. Myocardial Infarction Byr. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO ADING UNDERLYING CONDITION LAST. UNFADING Physicians: (C) 11 RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ū TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. DICA 21B. PLACE OF INJURY (c. g., io or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY ecially NOT WHILE WHILE AT WORK 5-16 5-16 19 52 that I last saw the 19 52 to 22. I hereby certify that attended the deceased from WRITE e is espe esp and that death occurred at 4:45Am., from the causes and on the date stated above, deceased alive on 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 4940 Eastern Avenue 5-16-52 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Mt. Baltimore Md. Burial Olivet May DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR Henry Sander & Sons Inc. Rollimore Md sent hand VS 150 39061

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Nag 16, 1992		hostone . I to the		
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p en				
2 11-1	75h th 97 +5		37-	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	empera gratum office			

before admission)

12. CITIZEN OF

anno

WHAT COUNTRY?

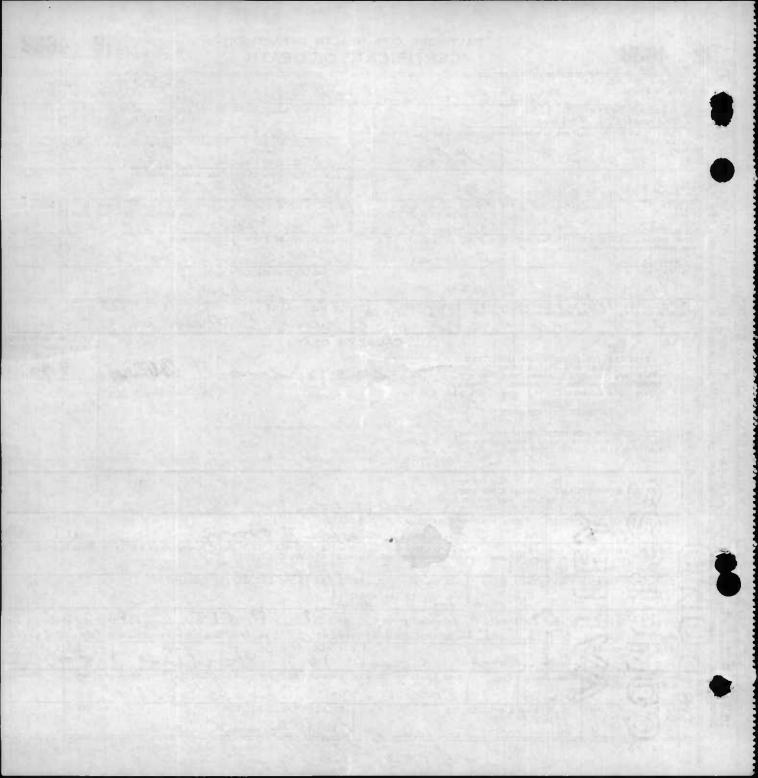
INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

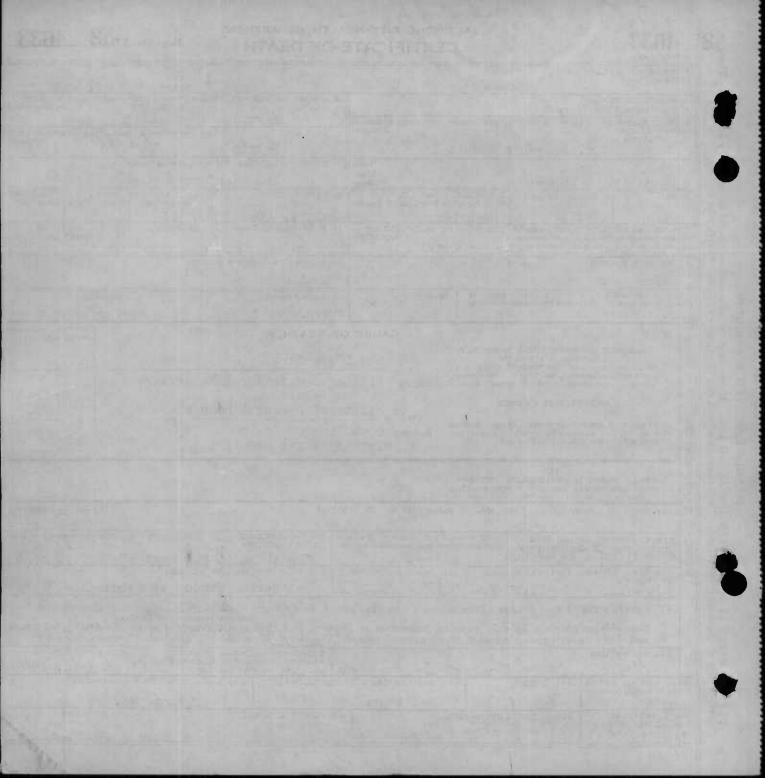
ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT

C52	baltimore city health certificate of	
The	1. NAME OF DECEASED (Type or Print) EDWARD CAMBY	2. DATE OF Mary 12 1052
y su	B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY St. Joseph's Hospital	Maryland YOR TOWN (If outside corporate limits, w)it R) RAL and give township. Baltimore
canllegibly.		EET ADDRESS (If rural, give location) 2802 Harford Avenue
po po	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DAT	E OF BIRTH 9. AGE (In years) last birthday) 1. 1889 62 H Under 1 Year Hours Min.
should	10A. USUAL OCCUPATION (Givekiod of 10B. KIND OF BUSINESS OR INDUSTRY)	THPLACE (State or foreign country) altimore, Md. 12. CITIZEN OF WHAT COUNTRY
ation tth ele	13. FATHER'S NAME	THER'S MAIDEN NAME
BINDING of information shoul uses of death clearly	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, oo or uokoowo) (If yes, give war or dates of service) SECURITY NO.	ORMANT ADDRESS Carrie Canby 2802 Harford Road
FOR BIN y item of the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Skull frac	ATH INTERVAL BETWEET ONSET AND DEATH
RESEI G INK. please	Diseases or conditions, if any, giving rise to the above cause (a) stating the underlying condition last. (c) Intracerel	subdural hemorrhage of brain oral hemorrhage
MARGIN INFADIN hysicians:	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
H		20. AUTOPSY? YES X NO WHERE DID (If in Baltimore City, give exact location)
impor	UNDERLYING M OR CONTRIB. UTING LI CAUSE OF DEATH. Z1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. 21F.	The Alameda, 20' west of Harford Road How DID INJURY OCCUR?
WRITE PLAIL e is especially	22. I certify that I took charge of the remains described above, he the evidence obtained by said Autopsy, Inspection or Inquiry, and death in my opinion resulted from: natural causes, ac	Autopsy, Inspection or Inquiry find that said deceased died on the day stated above cident N, suicide , homicide , undetermined . B. CHIEF MEDICAL EXAMINER
a go	ASS	SISTANT MEDICAL EXAMINER May 14, 1952 REMATORY 24D. LOCATION (City, town, or county) (State)
PLEA correct	Burial May 17, 1952 Baltimore	Baltimore, Md. NERAL DIRECTOR ADDRESS
	VS 151 N803.2 5628M	ich Funeral Home 2008 Orleans St.

5628M



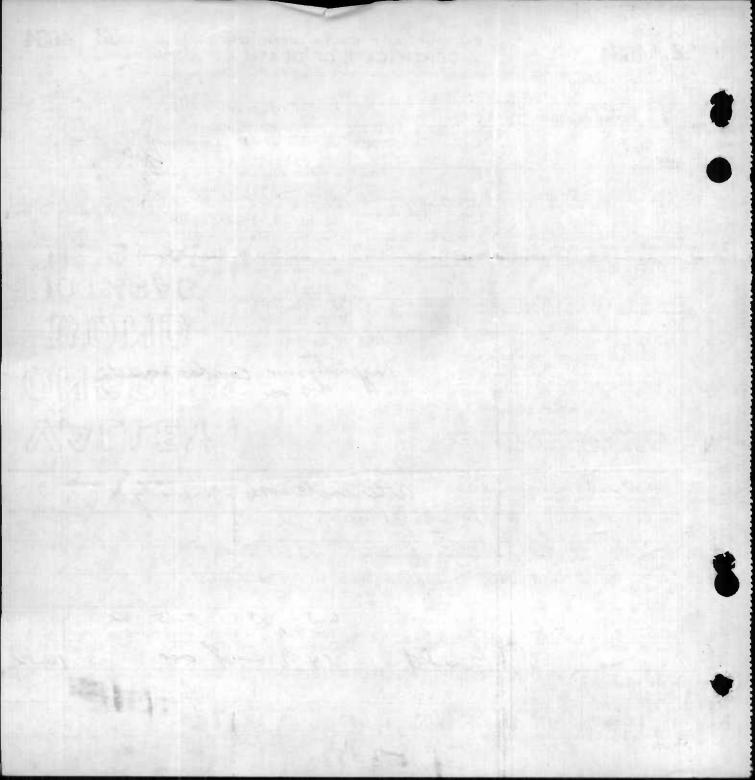
UNFADING INK. Every item of information should be call Physicians: please write the causes of death clearly and leg

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 4634 Registered No.

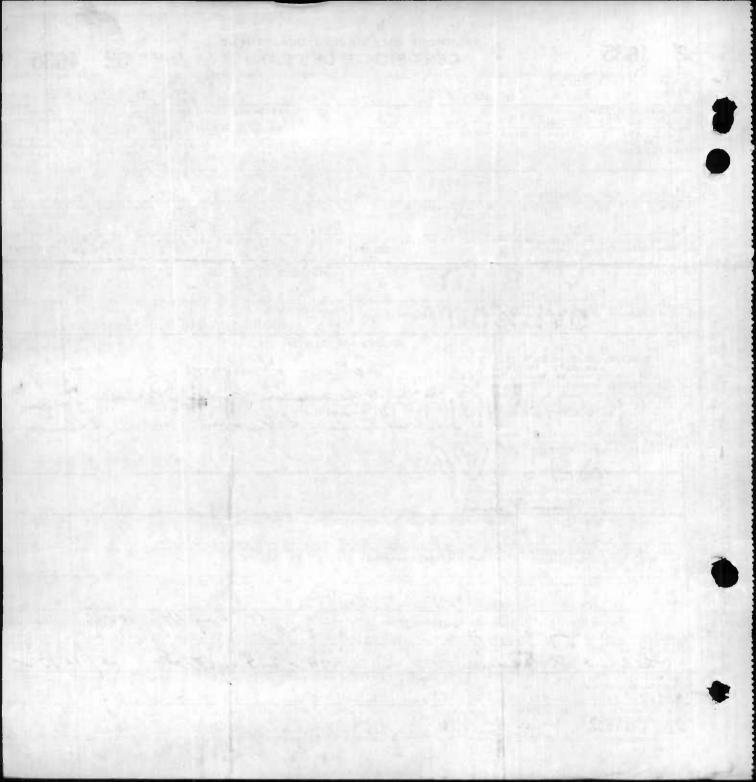
1. (T	NAME OF D		врн н.	BROUN		2. DATE OF DEATH May	15, 19	952
	PLACE OF E				4. USUAL RESIDENCE (W	here deceased lived. If i	nstitution	
В.	FULL NAME			tion, give street address or location)	Mary land	outside corporate limits	Write K	RAL and give
IN	STITUTION				Baltimore	10	7.10.10	township)
	T 41 6 -	4 D 141	/ ile to	Yrs. Mos.	D. STREET ADDRESS (If			
	SEX	tay in Baltimore	7. SINGL	Days E. MARRIED.	8. DATE OF BIRTH		Under 1 Year	If Under 24 Hours
P	Male	White	Marri	ved, divorced (Specify)	Sept. 9, 1883	9. AGE (in years if last birthday) Moi	ths Days	Hours Min.
1C worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZ	ZEN OF T COUNTRY?
6	Stationa	ry engineer,	Intern	11. Bed ing Co				
13	FATHER'S	NAME		(n)	14. MOTHER'S MAIDEN NA	AME		
					Minnie ?		5334	
(Ye	s, no or uokoowo)	ED EVER IN U. S. ARMEI (If yea, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AL AL	DRESS	
1	No.				Mrs. Magdealena I	Brown IIU S.	East A	ve.
	18. 44	3X ,		CAUSE	OF DEATH			VAL BETWEEN
	DISEAS	SE OR CONDITION						
	(This does	LEADING TO DEA	f dying, e.	E., (A) /440	erlessur car	deo varial	a	
	heart failt injury or	re, asthonia, etc. It mea complication which o	ns the diseas aused death	se,	discar			
		ANTECEDENT CAUS	ES					
Z				(B)	***************************************	······		
9	RISE TO T	S OR CONDITIONS, IN	STATING TI				11 50	
A	UNDERLY	YING CONDITION LA	ST.	(C)	***************************************	**************		
FIC.								
RT	OTHER S	II SIGNIFICANT CONDI	TIONS CO	n. noton	inclarons,	Tenan le	1	
E		TO THE DEATH, BUT			,	men 29		
CAL	19A. DATE C	OF OPERATION 0 1	9B, MAJOR	FINDINGS OF OPER	ATION	,	20.1	AUTOPSY7
EDI	21A. ACCIE LYING O CAUSE OF	DENT WAS UNDER- R CONTRIBUTING	21B. PL/about home,	ACE OF INJURY (e. g., in farm, factory, street, office bidg.,	o ot 21c, WHERE DID (I stc.) INJURY OCCUR?	f in Baltimore City, g	ive exact	location)
Σ	21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?		
	OF INJURY		m.	WHILE AT NOT WHILE				
	22. I hereb	y certify that I att	ended the	deceased from	6-8-, 1948, to	5-15,1952	that I	last saw the
					rred at 9 Am., from t			
	23A. SIGNA	TURE 1	14	ed 2	3B. ADDRESS East	our	23c. DA	TE SIGNED
2	4A. BURIAL. ON, REMOVAL (S	CREMA- 248. DATE	19	24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town,	or county)	(State)
111	Burial	May 17.	1952	Parkwood		Parkville, Md		
	ATE RECEIVE	D BY REGISTRAR			25. FUNERAL DIRECTOR	,	ADDRES	s
L	MAY 16	1952 Hunt	ington	Welliacus, 12	Villrich Funeral I	Home 2008 Orl	eans S	it.
	VS 150		0	4-8				
11				583	33		63	



MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH	NO.	CERTIFICAT	E OF DEATH	Registered	12 4635			
1. NAN (Type o	TE OF DECEASED C	MRLES LANG		2. DATE OF DEATH MAY	14, 1952			
A. Bal	CE OF DEATH: timore City, Maryland 21		A. STATE	Where deceased lived, I B. COUNTY	f institution : residence before admission			
	TAL OR	al or institution, give street address or location)		outside corpo ate lim	its write RURAL and giv township			
-	gth of stay in Baltimore	30 years Yrs. Mos. Days	D. STREET ADDRESS (If 218 N. Elly					
5. SEX	e White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify: Widowed	Nov. 1870	last birthday) M 81	M Under 1 Year M Under 24 Hours onths Days Hours Min.			
work done	SUAL OCCUPATION (Give kind of during most of working life, even if retired) tchman	108. KIND OF BUSINESS OR INDUSTRY Copper Works	11. BIRTHPLACE (State or for Germany	oreign country)	U.S.A.			
13. FA	THER'S NAME		14. MOTHER'S MAIDEN N.	AME				
	Jacob Lang		Don't know					
15, WAS (Yes, no o	S DECEASED EVER IN U.S. ARMEI runknown) (If yes, give war or date		17. INFORMANT		ADDRESS			
Yes	Spanish Ame:	rican	Mrs. Edna Hughes	s 218 N11	Wood Ave.			
NOIL	njury or complication which of ANTECEDENT CAUSTINESS OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) JNDERLYING CONDITION LA	F ANY, GIVING STATING THE DUE TO	bestemmin Car	di , Vaser	duknow			
E .	II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED						
19A U	. DATE OF OPERATION	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?			
O LY	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?							
21c	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY MHILE AT WORK AT WORK							
dec	22. I hereby certify that I attended the deceased from may 10, 1957, to may 14, 1957, deceased alive on may 14, 1952, and that death occurred at 3 m., from the causes and on the							
6	Kililer artis	ham M.D.	298. ADDRESS 2942 2. 7 ay	este Si	5/14/JV			
TION, R	BURIAL, CREMA- 248, DATE EMOVAL (Specify) Lal May 17	, 1952 Zion Evan. I		emmers Run, 1				
		S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS			



BIRTH NO.	CERTIFICAT		Registered I	
1. NAME OF DECEASED (Type or Print)	LEMENTINA CAN	MARATA	2. DATE OF DEATH May	14, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Who		
B. FULL NAME OF (If not in hospit	al or institution, give street address or	Maryland	69	e 9
HOSPITAL OR INSTITUTION	location)		tside corporate dimit	ts, write RURAL and give township
Union Mer	norial Hospital	Baltimore	7-	
	Yrs. Mos.	D. STREET ADDRESS (If ru		
c. Length of stay in Baltimore	39 years Days		mount Avenu	
5. SEX 6. COLOR OR RACE Female White	7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH S March 1863	last birthday) Mo	If Under Year If Under 24 Hours on the Days Hours Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State or fore Calascibetta, It		12. CITIZEN OF WHAT COUNTRY
Housewile 13. FATHER'S NAME	Home	14. MOTHER'S MAIDEN NAM		
Sabatino Trio	of a	Giuseppa ?		
15. WAS DECEASED EVER IN U. S. ARMEI		17. INFORMANT		PPPPPP
ID. WAS DECEASED EVER IN U. S. ARMEI			Α.	
(Yes, no or unknown) (If yes, give war or date	s of service) SECURITY NO.	Sabatino Cammara OF DEATH		tlet Street INTERVAL BETWEE
(Yes, no or unknown) 18. E 936. O DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	CAUSE DIRECTLY TH of dying, e.g., ans the disease, caused death.) SES FANY, GIVING STATING THE OUE TO	Sabatino Cammara		tlet Street
(Yes, no or unknown) 18. E 936. O DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAUSE OUNDERLYING CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE DR CONDITION	CAUSE DIRECTLY TH of dying, e.g., ans the disease, caused death.) SES F ANY, GIVING STATING THE OUE TO (C) OUTIONS CONNOT RELATED	Sabatino Cammara OF DEATH fracture ed chest		tlet Street
(Yes, no or unknown) 18. E 936. O DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode- heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAUS OF THE ABOVE CAUSE (A) UNDERLYING CONDITION LA OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE DR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION	CAUSE DIRECTLY TH Of dying, e.g., ans the disease, caused death.) SES F ANY, GIVING STATING THE OUE TO OCTUSH OTO RELATED CAUSING IT.	Sabatino Cammara OF DEATH fracture ed chest	ta, 716 Bar	INTERVAL BETWEE ONSET AND OBAT
(Yes, no or unknown) 18. E 936. O DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It mer injury or complication which ANTECEDENT CAUSE OF UNDERLYING CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE DR CONDITION	CAUSE DIRECTLY TH of dying, e.g., ms the disease, caused death.) SES FANY, GIVING STATING THE OUE TO AST. (C) CTUSH (C) TIONS CON- NOT RELATED I CAUSING IT. 9B. MAJOR FINDINGS OF OPER shout home, farm, factory, street, office bldg.,	Sabatino Cammara OF DEATH fracture ed chest ATION a of 21c. WHERE DID (If	in Baltimore City,	INTERVAL BETWEE ONSET AND OEAT

and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23c. DATE SIGNED 23A. SIGNATURE

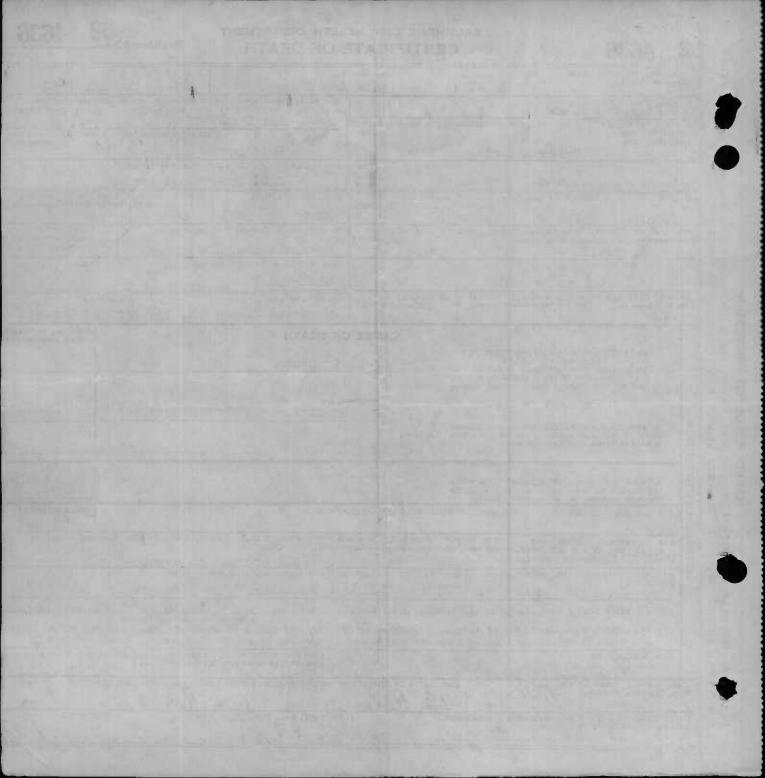
238. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR......

M.D.

NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) /(State) 24B

BALLA PORTOR DATE RECEIVED BY LOCAL REGISTRAR 25. FUNERAL REGISTRAR'S SIGNATURE

luglow 151



before admission)

12. CITIZEN OF

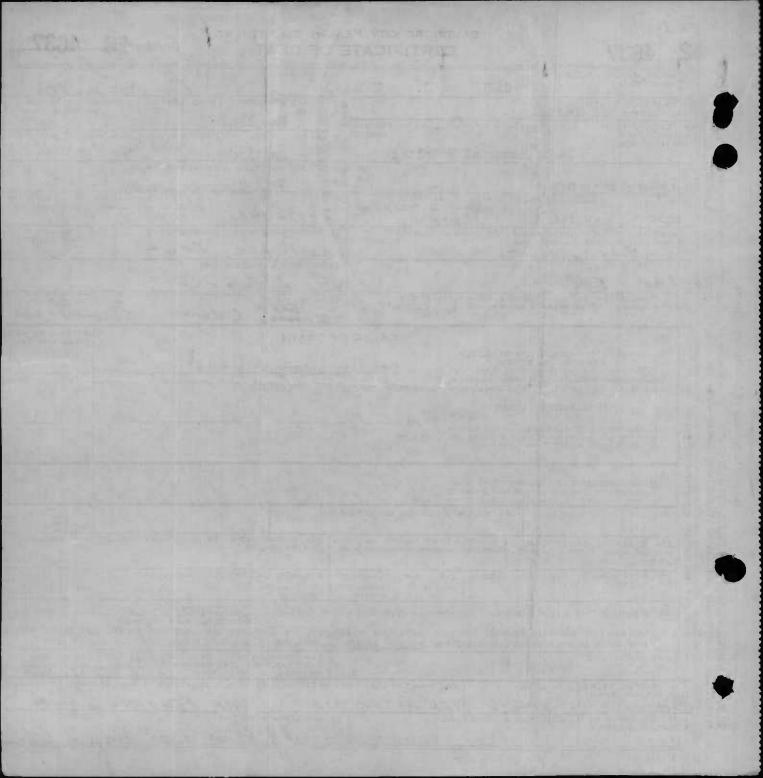
WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSYT

thereon and from

township)



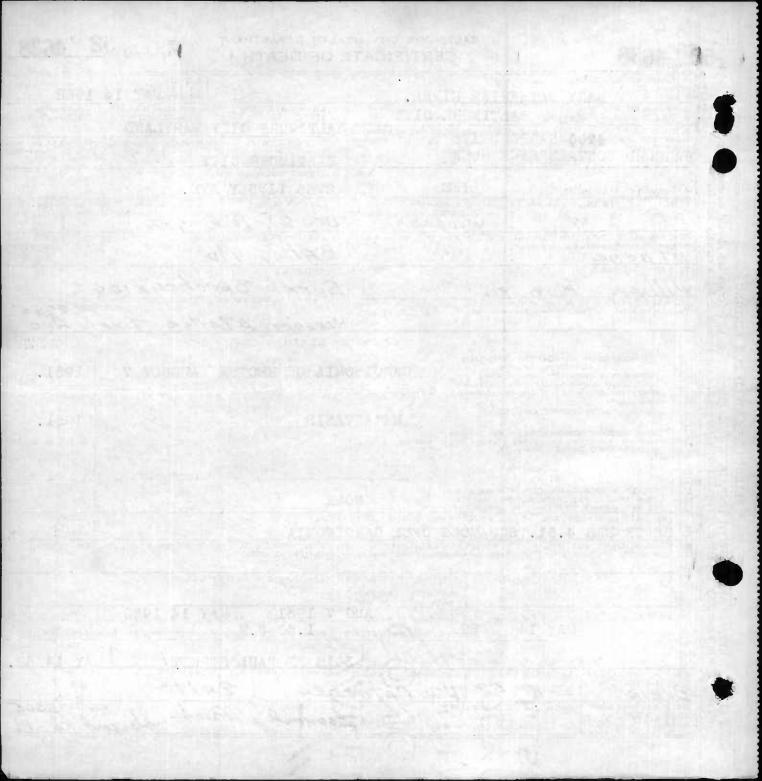
340	
BIRTH 63	8

VS 150

CERTIFICATE OF DEATH

Registered No. 2 4638

	BII	RTH NO.							
1	1. (T)	NAME OF D	ECEASE	D				2. DATE	
				CATHE	RINE F	FITEL.		DEATHMAY 1	
	Α.	Baltimore (City, Ma	aryland BA	LTIMOF	RE CITY	4. USUAL RESIDENCE (B. COUNTY	institution; residence before admission)
	B. I	SPITAL OR	- AROO	HARFO	RD AVE	on, give street address or location)		Y MARYLAND	s, write RURAL and give
-	HA			LESENC			BALTIMORE CI	a a	township)
	nd.					Yrs.	DALITMUNE CI		
	c.	Length of s	tay in E	Baltimore	LIE	Mos. Days	2765 TIVOLY	AVE.	
	5.	SEX	6.COLC	R OR RACE	7. SINGLE	, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	last hirthday) Mc	Under I Year II Under 24 Hours
. _	1	- /4	In		WI	00 W	Dec 28-187	9 75	
1	10/	done during most	of working li	ON (Give kind of fe, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or BA/70, M	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S					14. MOTHER'S MAIDEN	NAME	
	W	IllIAM	1 1	KUBU	RG		SUSAN BR	eckenric	06e
	15. (Yes,	WAS DECEAS	ED EVER I	N U. S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS 2765
	,						MARGARET A &		oly Ave
		18. 154	X	1		CAUSE	OF DEATH		INTERVAL BETWEEN
		DISEA	LEADIN	ONDITION	H	CADOTN	NITA OF THOMES	ATTOTTOM M	1057
		heart failt	s not mea are, asther	in the mode onia, etc. It mea	f dying, e. g ns the disease	e,	DMIA OF RECTUM	AUGUST 7	1951.
		injury or	complica	tion which c	aused death) DUE TO			
	_		ANTECE	DENT CAUS	ES	, METAS	TASIS		1951.
	ATION	DISEASE	S OR CO	NDITIONS, II	ANY, GIVIN	G		***************************************	
	A			NDITION LA			b.		
	RTIFIC			11		_(C)			
	R			II ANT CONDI			1200		
	S.	TO THE C	DISEASE O	DEATH, BUT	CAUSING I	Г	ONE	•••••••••••••••••••••••••••••••••••••••	
	7	19A. DATE O				FINDINGS OF OPER			20. AUTOPSY?
	CA CA	SEPTEM 21A. ACCIDI	ENT. SUI	CIDE,		CE OF INJURY (e.g., i		(If in Baltimore City,	yes No series No
. 11	ED	HOMICIDE	(Specif	у)	about home, fa	arm, factory, street, office hldg.,	etc.) INJURY OCCUR?		
	Σ .	210. TIME OF INJURY	(Month)	(Day) (Year)	(Hour) 2	1E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
					m.	HILE AT NOT WHILE			
		22. I hereb	7 Certify	y that I att	ended the	deceased from AUC	7 195,1 _{19, to M}	AY 14 1958	, that I last saw the
1		deceaseda	live on I	MAY 14	, 197 52,	and that death occur	red at 1.30 R., Mom	the eauses and on the	he date stated above.
		23A. SIGNA	TURE	Old I	Olan	11/11/	3B. ADDRESS	mpram /	23C, DATE SIGNED
	24	A. BURIAL.	CREMA-	24B, DATE	12	4C. NAME OF CEMETE	3013 ST PAUL S	TREET/ LOCATION (City, town,	MAY 14 52, or county) (State)
	TIO	N. REMOVAL (S	pecify)	5-17-	57	New Cothe		alto	Md
		TE RECEIVE		REGISTRAR'	SSIGNATU	RB 1	25. FUNERAL DIRECTOR	2 / .	ADDRESS 5305
	LO	MAY 16	1952	Hunt	ington	Williams, 13	neonard y 10	were Har	lord Rd - 14



VS 150

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 Registered No. 4639

BIRTH NO.									
1. NAME OF (Type or Print)		S A (TITTING WARM)			2. DATE OF	4 - 1			
3. PLACE OF		PATHER INE	k. KNOE	ERLEIN	DEATH ME	y 14, 1952.			
A. Baltimore	City, Maryland 2			A. STATE	B. COUNTY	before admission)			
B. FULL NAMI	OF (If not in hospit	al or institution, give s	treet address or location)		Md.	(-00			
INSTITUTION	Doctor's	Hognital		c. CITY OR TOWN		write RURAL and give township)			
4-1	200001 8	HOBPT OUT	Yrs.		Baltimore ESS (If rural, give location)				
- Youndh of	show in Daltinoon		Mos.		3421 E. Pratt St				
5. SEX	stay in Baltimore	7. SINGLE, MARRI		8. DATE OF BIRTH					
Female	White	Married		August 17,1	last birthday)	Months Days Hours Min.			
IOA. USUAL C	CCUPATION (Give kind of st of working life, even if retired)	108. KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
H	louse Work	At Home		Baltimo	ore, Md.	U.S.A.			
13. FATHER'S	NAME	V / 2		14. MOTHER'S MA	IDEN NAME				
	James Kehoe			E	Llen Whelen				
15. WAS DECEA	SED EVER IN U.S. ARMEI		CIAL CURITY NO.	17. INFORMANT		ADDRESS			
No	No		one	George J. Kr	noerlein 3421 E.	Pratt St.			
18. /9	9.1		CAUSE	OF DEATH		INTERVAL BETWEEN			
DISE	DISEASE OR CONDITION DIRECTLY								
(This do	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Uremia								
injury o	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
ANTECEDENT CAUSES									
Z	Kidner Foilme								
RISE TO	THE ABOVE CAUSE (A)	STATING THE DUE							
Y GREEK	YING CONDITION LA	ST. (C	.,	arcinoma of	Neck	***************************************			
Ē.	П								
	SIGNIFICANT CONDI								
TO THE	DISEASE OR CONDITION								
19A. DATE	OF OPERATION 1	98. MAJOR FINDIN	GS OF OPER	RATION		20. AUTOPSY?			
5		L OLE DI ACE OF U		n or 2 IC. WHERE D	OLD (If in Polation City	y give exact location)			
LYING D	DENT WAS UNDER- DR CONTRIBUTING F DEATH	218. PLACE OF II about home, farm, factory				y, give exact location)			
Z 21D. TIME	(Month) (Day) (Year)	(Hour) 21E. INJU	JRY OCCURR	ED 21F. HOW DID	INJURY OCCUR?				
OF INJUR		WHILE AT	NOT WHILE						
22. I home	The state of the s								
	alive on May 14	, 19 and that			from the causes and or	that I last saw the			
23A. SIGN		, 2222, 0100		38. ADDRESS	Le ye	23C. DATE SIGNED			
1 14	chet '	lacum li	4 M.D.	2711	actes the	16/16/12			
24A. BURIAL. TION. REMOVAL	CREMA- 24B. DATE (Specify)			RY OR CREMATORY					
Buria	May 17,		on Park	Cemetery		Ave., Balto., Md.			
DATE RECEIV		SSIGNATURE		25 FUNERAL DIR	901 S. Cor	ADDRESS			
MAY 1 6	1952 HTunting	ton Villiam	1 100	Charles &	selly				

Lelde Lott a Unicoti . ** The state of th of the least and the second second to the second se

31	1200
	2 4640
7	BIRTH NO.
- 1	1 NAME OF DE

BALTIMORE CITY HEALTH DEPARTMENT

,59 ARAD

The	BI	RTH NO.			CERTIFICAT	E OF DEATH	Registered	X0
T	1. (T	NAME OF DECE 'ype or Print)	ased alexande	ER BAKO			2. DATE OF DEATH M	ny 12, 1952
	A.	PLACE OF DEAT Baltimore City FULL NAME OF	, Maryland	l on institut	ion, give street address or	A. STATE	NCE (Where deceased lived, I	f institution: residence before admission
on .	HO	SPITAL OR U	S Public He Hospi rive & 31st	ealth S	CIVICE location)	C. CITY OR TOWN	There are a second	its, write RURAL and giv township
care legibl,	5	Length of stay		?	Yrs. Mos. Days		ss (If rural, give location) 9 Texas Avenue	5300
should be care	5.	SEX 6.	COLOR OR RACE	WIDOW	E, MARRIED. /ED, DIVORCED (Specify) arried	8. DATE OF BIRTH 5/1/89	9. AGE (In years last birthday) M	onths Days Hours Min.
n shoul	10 worl	A. USUAL OCCUPATION OF A CONTROL OCCUPATION	PATION (Give kind of rking life, even if retired)	10B. KINE	of Business or INDUSTRY Seafarer		tate or foreign country)	12. CITIZEN OF WHAT COUNTRY USA
NDING information s of death cle	13	FATHER'S NAM	us Bako		Dougla of	14. MOTHER'S MAI Mary ?	DEN NAME	
BINDING of inform uses of des	15 (Ye	. WAS DECEASED E	VER IN U. S. ARMED If yes, give wer or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records - U	S PHS Hospital,	ADDRESS Balto, Md.
RESERVED FOR INK. Every item please write the car	FICATION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH Hemopericardium (A) Hemopericardium (B) Metastatic tumor, primary unknown, in tracheobronchial node eroding OUE TO OUE TO OUE TO						over 7 day
MARGIN UNFADING Physicians:	CERTI	TRIBUTING TO	II IIFICANT CONDITION THE DEATH, BUT ISE OR CONDITION	NOT RELATE	D			
WITH U	AL C	19A. DATE OF	PERATION 1	9в. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
W	MEDIC		T WAS UNDER- ONTRIBUTING		ACE OF INJURY (o. g., farm, factory, street, office bldg.,			give exact location)
PLAIN ecially in		21D. TIME (Mo OF INJURY	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY M. WHILE AT WORK NOT WHILE AT WORK					
WRITER STORY	24 TIO	22. I hereby c deceased alive 23A. SIGNATUF D.W.Patric' 4A. BURIAL, CRE ON. REMOVAL (Spec Buria)	Medical	ended the	deceased from 1 and that death occur	US PHS Hospit	tal, Balto, Md. 240. LOCATION (City, town Baltimore, 1	23c. DATE SIGNED 5/13/52 (State)
PLE	L	ATE RECEIVED E	2	SIGNATU	IRE,	Howard Hire	Hubbard, 2503	Edmonds on Av

VS 150

1200 . 2 9 1 . De l'amonté par de l'about de

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Ruzicka, Joseph DEATH May 14. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RUKAL and give INSTITUTION Joseph's Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore ll years Days 1300 Parkside Drive information should be 6. COLOR OR RACE 5 SEX 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (in years | H Under | Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Aug. 4, 1880 Married Male White 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR ork done during most of working life, even if retired) INDUSTRY retired grocer own business Czechoslovakia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Ruzicka unknown BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or detec of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Marie Ruzicka, wife, above Jo no CAUSE OF DEATH cal FOR Every ite write the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) Metastatic carcinoma of liver and RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO left lung ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN (C) L 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION mportant. DICAL 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING ebout home, farm, factory, street, office hldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? TE PLAI especially OF INJURY NOT WHILE WORK 22. I hereby certify that I attended the deceased from May 7 1952 to May 14, 1952 that I last saw the ge is espe deceased alive on May 14 , 1952, and that death occurred at 1:15pm., from the causes and on the date stated above. 23A. SIGNATURE 1400 N. Caroline Street 24A. BURIAL, CREMA-248, DATE 240 NAME OF CEMETERY OR CREMATORY | 240. LOCATION (City, town, or county) TION REMOVAL (Specify)
Burial May 17, 4430 Belair Rd., Balto.Md. 1952 Holy Redeemer Cem. 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS 150

before admission)

12. CITIZEN OF

U.S.A.

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

May 11.

NO

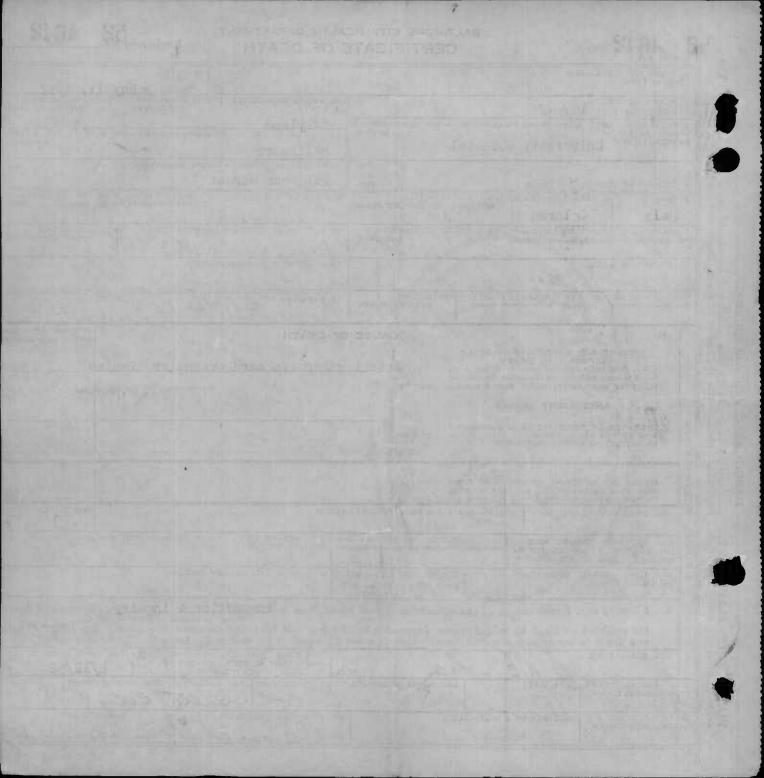
YES X

906A

BALTIMORE CITY HEALTH DEPARTMENT

H	Import
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PLAIN	sespecially
TE	esp
WRITE	age is
200	ct ag
PLEA	correct

4642 BIRTH NO.	BALTIMORE CITY HE CERTIFICATE		Registered No.	4642
1. NAME OF DECEASED (Type or Print) JAMES	RAY		2. DATE OF DEATH May	11. 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		
B. FULL NAME OF (If not in hospital or HOSPITAL OR University Hospital or University Hospital or Hospi	Maryland c. city or town (If Baltimore	outside corporate limits,	Ti UICAL and give township)	
Tonath of star in Baltimana	p. STREET ADDRESS (If rural, give location) 217 Penn Street			
	Days SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH 8/3//1900	9. AGE (In years) II Um	ler I Year If Under 24 Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME	B. KIND OF BUSINESS OR INDUSTRY	Hay VILL 14. MOTHER'S MAIDEN NA	nc	CITIZEN OF WHAT COUNTRY
15. WAS DECEASED EVER IN U. S/ARMED FO	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ROLL	217 Perm	RESS
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Arteriosclerotic cardiovascular disease				
Z DISEASES OR CONDITIONS, IF AN O RISE TO THE ABOVE CAUSE (A) STUUNDERLYING CONDITION LAST.				
O II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.				
U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION				YES NO D
	n or 21c. WHERE DID (I	f in Baltimore City, give	e exact location)	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY		D 21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge the evidence obtained by sai and death in my opinion res	of the remains described a	nquiry, find that said de	Inspection or Inquiry eccased died on the	day stated above
23A. SIGNATURE	238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	EXAMINER 23c.	DATE SIGNED	
24a. BURIAL, CREMA- (24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Burial (Specify) 57/7/52 Mt Quilier et Balts City				
DATE RECEIVED BY REGISTRAR'S S LOCAL REGISTRAR MAY 161352	1 - 1 - 1 - 1 - 1 - 1 - 1	25. FUNERAL DIRECTOR	her-monty	DDRESS
V S 151	97037	7	0	1



MEDICAL EXAMINE 20. AUTOPSY7 YES NO (If in Baltimore City, give exact location) . 195 Zthat I last saw the 1952, and that death occurred at 11 50 Am., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25/FUNERAL DIRECTOR ADDRESS MAY 16 195 unlington 108 W VS 150 801.2

before admission)

If Under 1 Year

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

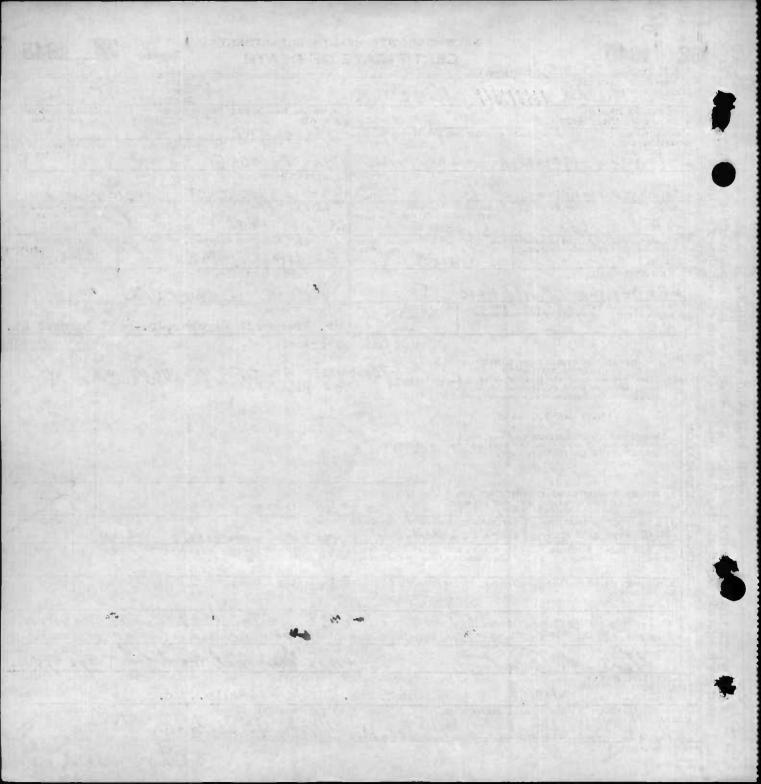
ONSET AND DEATH

O.K Pay Dr. Laurenchen.

BALTIMORE CITY HEALTH DEPARTMENT 4644 Registered 52 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) MARY EMMA MENGERS May 15, 1952 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or 2308 Elsinor Ave. location) B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corpora it RURAL and give INSTITUTION township' Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2308 Elsinor Ave. c. Length of stay in Baltimore Days on should be 9. AGE (In years | H Under | Year | H Under 24 Hours | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) March 5, 1880 white married female 10A. USUAL OCCUPATION (Give kied of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doos during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Maryland information 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME Charles H. Curley, Sr. Margaret Gault 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or uoknowo) (If yes, give war or dates of service) of 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. Mrs. Jacques W. Schilling-608 Cooks Lane no INTERVAL BETWEEN item 18. CAUSE OF DEATH cal ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING asinla Pend D RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICA YES 21B. PLACE OF INJURY (e. g., lo or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERaboot home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from. 195 that I last saw the 19 and that death occurred at deceased alive on _____ _m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURTAL! CREMA-TION REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Loudon Park Cem. Balto. Md. DATE RECEIVED BY 25/FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR unterston VS 150

THE RESERVE OF THE PROPERTY OF Burden Warrell - Warre D. 1

V	16	526									
he	52	464 RTH NO.	5-6	5570		CERTIFICAT			Registere	52 bd	4645
H	-	NAME OF D	ECEASE USA	N CHAR	PHH-	KIRCHER			2. DATE OF DEATH	-15	-52
	3.	PLACE OF D Baltimore	EATH:				A. STATE		Where deceased lived B. COUNTY		ution: residence before admission)
ns /	H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institut	ion, give strect address of location			outside corporate l	imits, writ	te RURAL and give
THE .	IN	LN	ON	MEMOR	IAL I	405PITAL	BALTIN	MORE		530	township)
legh	c.	Length of s	tay in	Baltimore	5	Yrs. Mos. Day	6441 LEH	RESS (If	rural, give location	ODLA	qun)
	5.	SEX F	6. COL	or or race	WIDOW	E, MARRIED, VED, DIVORCED (Specif VGC E	B. DATE OF BIRT		9. AGE (In year:	Il Under I	Year If Under 24 Hours Days Hours Min.
NDING information should be s of death clearly and	10 work	A. USUAL OC doneduring mont			IOB. KINE	OF BUSINESS OR INDUSTR	B.ALTI MO		oreign country)		WHAT COUNTRY?
atio	13	FATHER'S	NAME	.,.		7.00	14. MOTHER'S M				
orm dea	15	FREDE	RICK	KIR	CHER	JV.	DOROTHY	1 0	OCKRELL		
BINDIN of infor uses of d	(Yes	s, no or nnknown)	(If yes	, give war or date	of service)	SECURITY NO.	Mr. Freder	ick Ki	rcher.Ir.	ADDRE	
n of auses		18. 19 2	X			CAUSE	OF DEATH	LOIL ILL	101101,01	11	NTERVAL BETWEEN
FOR the cau		DISEA		CONDITION NG TO DEA		EPEAL	NUMARAA A	05	4141 11-10		
p- 8		heart failt	re, asthe	ean the mode enla, etc. It med ation which	ans the diseas	g., (A) A TETO	OF BRAIN	<u> </u>	you vew	7,100	
			ANTEC	EDENT CAU	SES						
	TION	RISE TO	HE ABO	ONDITIONS,	STATING T	NG	***************************************	***************	••••••		
ADING icians:	FICA	UNDERL	YING C	ONDITION L	AST.		_				
MARGIN UNFADING Physicians:	RTIF	OTHER :	SIGNIFI	II CANT COND	ITIONS CO	(C)					
MA UNF Physi	CEI	TRIBUTIN TO THE D	G TO TH	E DEATH, BUT OR CONDITION	NOT RELAT	ED IT					
TTH ut.	AL	4-15-195			EPENDY	MOMA: RE	CWRRENT .	+ INOPE	PABLE 5-1	5-12	YES NO NO
WI	EDIC	21A. ACCIDE HOMICIDE		ICIDE.	218. PL	ACE OF INJURY (e. g. farm,factory,street,office bldg	in or 21c. WHERE	DID (If in Baltimore Ci	ty, give e	xact location)
Çi k	Σ	21D. TIME OF INJURY	(Month)	(Day) (Year		21E. INJURY OCCUR		D INJUR	Y OCCUR?		
WRITE PLA		22. I hereb	u certi	fu that I at:	m.	deceased from M		520/	444 15 1	95 1 the	at I last saw the
TE		deceased a	live on.	MAY 15	., 152,	and that death occ	urred at 4: 40Pm			n the da	te stated above.
WRI e is		23A. SIGNA	TURE	S. Cw	etan	м. р.	VINN MIN	unial	Hospita	1 3	C. DATE SIGNED
	2.4 TI	AA. BURIAL.	REMA-	5/19/5		24c. NAME OF CEMET Woodlawn Ce			o., Md.	own, or co	unty) (State)
PLEA		ATE RECEIVE	D BY	REGISTRAR			25 FUNERAL DI		/	1. 49	ORESS
P1 2		MAY 16	1952	that	inston	Williams 15	20/m.)	1. /	chemer	AXI	10
		VS 150			0		(Salto 1	711	nd.



52 4646 2386			ALTH DEPARTMENT OF DEATH	NT Registered	52 4646
1. NAME OF DECEASED				2. DATE	
(Type or Print) William DO	NALD	BITZEL		OF DEATH Maj	7 16, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE	(Where deceased lived,) B. COUNTY	f institution : residence before admission)
B. FULL NAME OF (If not in hospite	al or institution, give stree		Maryla	nd	43
HOSPITAL OR INSTITUTION		location)	C. CITT OR TOWN		its, write URAL and give township)
2730 Ellico	tt Driveway		Baltim		
		Yrs. Mos.	o. STREET ADDRESS		
c. Length of stay in Baltimore 5. SEX 6. COLOR OF RACE	7. SINGLE, MARRIED	Days	8. DATE OF BIRTH	llicott Driver	· · · · · · · · · · · · · · · · · · ·
	WIDOWED, DIVORC		Oct.29.1949		donths Days Hours Min.
Male White	Single	ESS OR	11. BIRTHPLACE (State	or foreign country:	12. CITIZEN OF
work done during most of working life, even if retired)		INDUSTRY	Md.	,	WHAT COUNTRY
13. FATHER'S NAME	110110		14. MOTHER'S MAIDER	N NAME	
William D. Bitzel			Margaret E.		
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give wer or dates		L RITY NO.	17. INFORMANT		ADDRESS
no	none		Wm. D. Bitze	el 2730 Elli	cott Drivews
LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It means in jury or complication which of the complex of the c	f dying, e. g., ns the disease, aused death.) EES F ANY, GIVING STATING THE ST. (C) TIONS CON- NOT RELATEO		chopneumonia		
	98. MAJOR FINDINGS	OF OPER	ATION		20. AUTOPSY?
4				(10.1 % 1.1	YES NO X
Underlying or contributing cause of death.	218. PLACE OF INJU about home, farm, factory, atre	URY (e. g., in eet, office bldg., e	2 or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location)
210. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY WHILE AT WORK	NOT WHILE	21F, HOW DID INJ	URY OCCUR?	
22. I certify that I took char	ge of the remains d	eseribed a	bove, held an Inspe	ction & Inquir	Y thereon and from
the evidence obtained by and death in my opinion			nquiry, find that said		the day stated above
23A. SIGNATURE	Durene		D. MEDICAL INVESTI	AL EXAMINER	May 16, 1952
24A. BURIAL, CREMA. 24B. DATE TION, REMOVAL (Specify)	24c. NAME C		RY OR CREMATORY 24	o. LOCATION (City, tow	n, or county) (State)
Burial 5-17-19		aine l	Park	Woodlawn,	Md.
DATE RECEIVED BY REGISTRAR'S	S SIGNATURE	1557	35. FUNERAL DIRECTO G. Howard Stro		North Ave.,
V S 151					

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF MAZEL DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. Dellwood Days c. Length of stay in Baltimore 1302 should be 7. SINGLE, MARRIED. 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) clearly 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY information is of death cle HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E. CHARLES WARNER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO no causes Jo CAUSE OF DEATH 18. item FOR Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE Chambelar hophritis UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN IL. RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION EDICAL ortant. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE WORK AT WORK WRITE PL 4/21 , 1952 to 22. I hereby certify that I attended the deceased from-19 52, and that death occurred at 325 Am., from the causes and on the date stated above. deceased alive on 23B. ADDRESS 23A. SIGNATURE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY RECOSTRAR'S 77 1952

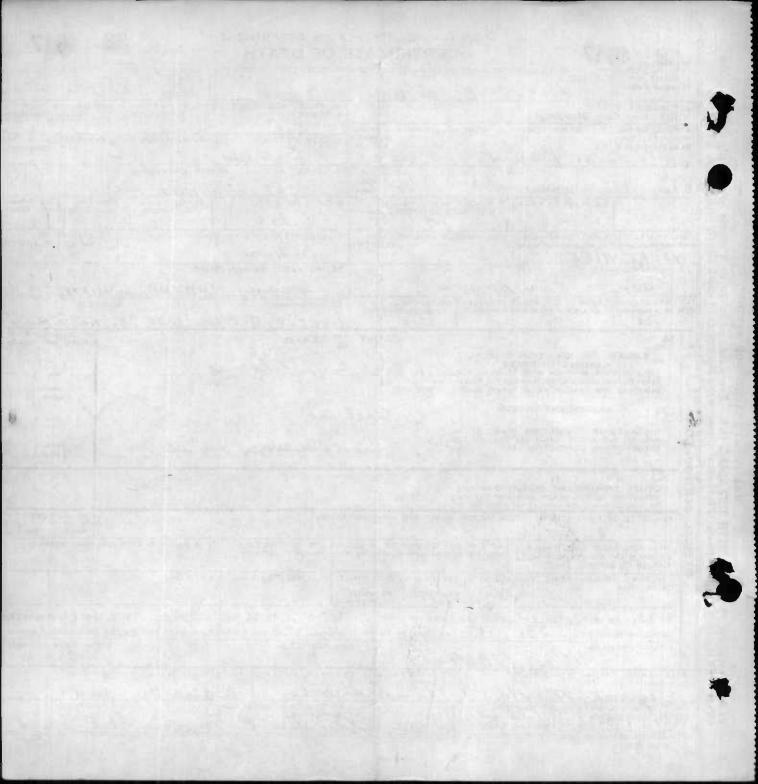
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BALTIMORE CITY HEALTH DEPARTMENT

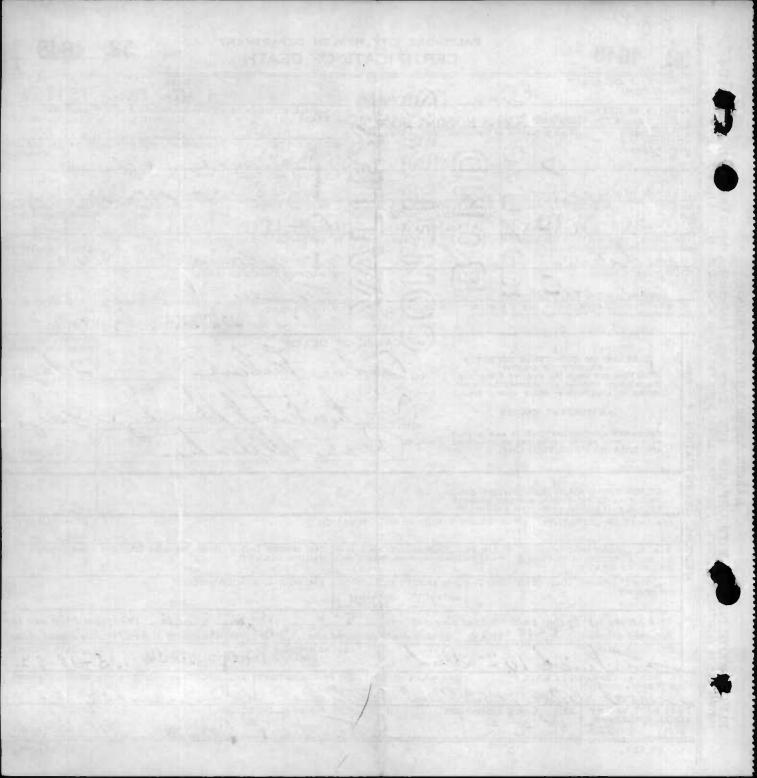
B. COUNTY before admission) (If outside corporate limits) write RURAL and give Ave. 9. AGE (In years | | Under | Year | | Under 24 Hours | Months | Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? MARTHA E. WILHELM. J. BULL- 1302 DELLWOOD AVE ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) . 1952, that I last saw the

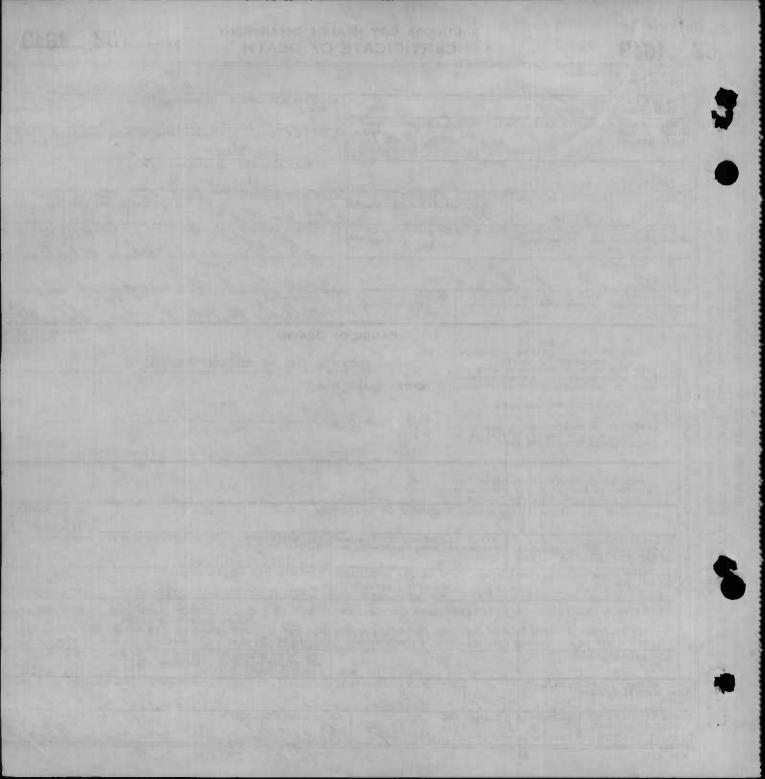
23c. DATE SIGNED

ADDRESS

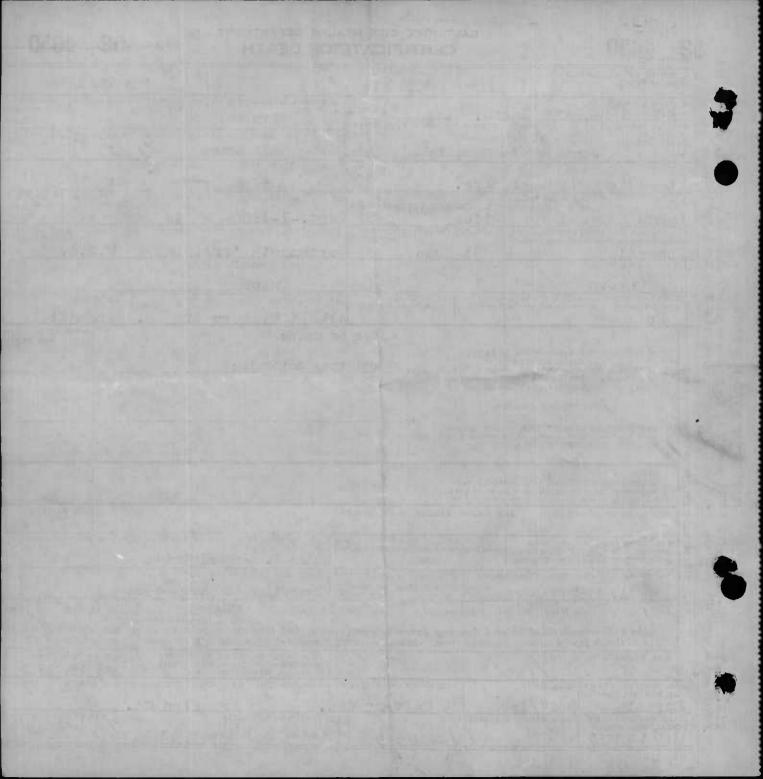


M	5	500	18	ВА		EALTH DEPARTMEN	T Registered	Ro. 4648
The	1. (T	NAME OF Di ype or Print)	ECEASED C	0	2000	L OI DEATH	2. DATE OF	151959
aller s gra	B. H	PLACE OF DI Baltimore C FULL NAME OSPITAL OR ISTITUTION	ity, Maryland 📗		OPKINS HOS TA		(Where deceased lived. If B. COUNTY	before admission
ld be and legibly	-	Length of st	ay in Baltimore		Yrs. Mos. Days E. MARRIED.	2628 A		A Under 1 Year If Under 24 Hours
on should clearly an	10 work	Mole A. USUAL OC	WLITE CUPATION (Give kind of working life, even if retired	I 10B. KLNI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	last hirthday) M	onths Days Hours Min. 12. CITIZEN OF WHAT COUNTRY
atic	Щ	Hucks FATHER'S N	lev.	Self		14. MOTHER'S MAIDEN	NAME ?	W.S.
R BINDING	(Yes	. WAS DECEASE	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AND A STATE OF THE PARTY OF THE	DDRESS S HOSPITAL
RESERVED FO RINK. Every ite	FICATION	(This does heart failur injury or DISEASES RISE TO THE	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU OR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L	TH of dying, e. ans the disear caused death SES IF ANY, GIVII STATING TO	E., (A) Card Se, DUE TO Y NG (B)	tion testif	lamly stin	onset and death and set of the se
MARGIN UNFADINC Physicians:	CERTIF	TRIBUTING TO THE DI	GNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELAT	ED IT.	PATION		
WITH rtant.	CAL		0		FINDINGS OF OPE		(If in Dalking City	YES NO
lly famou	MEDIC	LYING OR	ENT WAS UNDER- CONTRIBUTING DEATH Month) (Day) (Year	about bome,	ACE OF INJURY (e. g., farm, factory, atreet, office bldg. 21E. INJURY OCCURF WHILE AT NOT WHILE WORK AT WORK	RED 21F. HOW DID INJU	(If in Baltimore City,	give exact location)
WRITE PL.		22. I hereby deceased al 23A. SIGNAL		tended the	and that death occu	5 - 6 , 1953, to_ rred at 3.30 m., from 23B. ADROSSIS HOPKI	S-15, 195 in the causes and on the causes and on the causes and on the causes and on the causes are the causes and the causes are the cause are the causes are the cause are the causes are the causes are the causes are the causes a	he date stated above
PLEA W	1	AA. BURIAL, CONTRACTOR PEROVAL (S)	BY REGISTRAR	1- 1	new for		LOCATION (City, town	or county) (State) Ref. M.f. ADDRESS
	-	VS 150	1) unte	ylon !	4306	ALISUM P.A	jonovan 3	ave ave





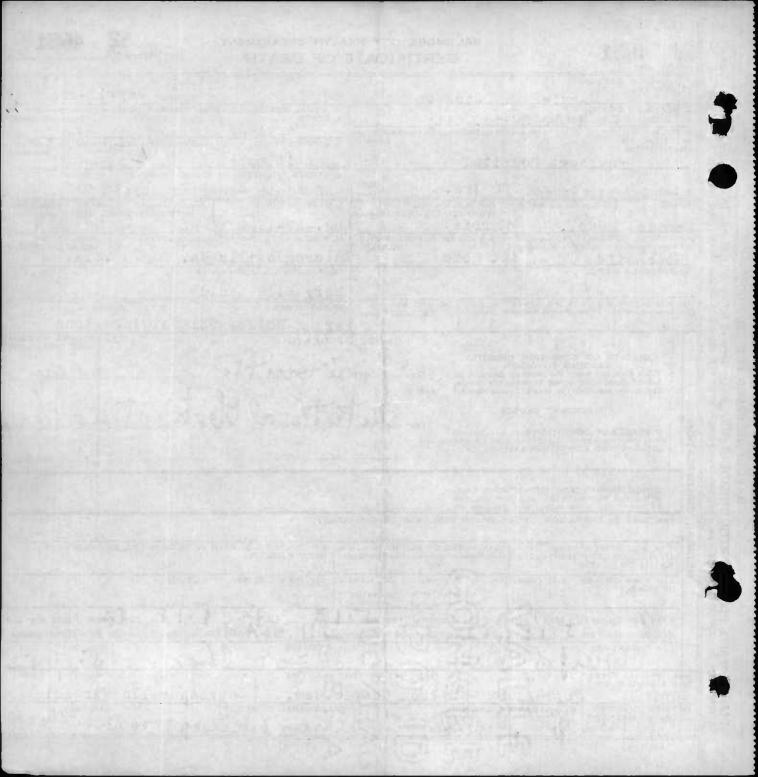
2	4650 RTH NO.	BAI		EALTH DEPARTMENT E OF DEATH	Registered 12	4650
	NAME OF DECEASED ype or Print) LI	LLIAN	TILLERY		OF May 15	, 1952
Α.	PLACE OF DEATH: Baltimore City, Maryland Ba	lto. (lity	4. USUAL RESIDENCE (W	here deceased lived. If ins B. COUNTY	titution: residence before admission
H	OSPITAL OR STITUTION		ion, give street address or location)		outside corpora limits	vrite RUKAL and gir township
	Johns Hopki	ns Hos	PICAL Yrs.	D. STREET ADDRESS (If	rural, give location)	
c.	Length of stay in Baltimore 1	6 Yrs.	Mos		ombard Street	
	SEX 6. COLOR OR RACE	WIDOV	VED, DIVORCED (Specify)		last birthday) Month	er I Year If Under 24 Hours Mir
	emale colored A. USUAL OCCUPATION (Give kind of	Widov	O OF BUSINESS OR	Sept1-1908 11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF
work	done during most of working life, even if retired)		Home	Porthmouth 'ir	minio II	S.A.
	OMESTIC FATHER'S NAME	AU	nome	14. MOTHER'S MAIDEN NA		D a Ala
	Unkown			Unkown		
15	. WAS DECEASED EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	ADD	RESS
(Ye	No or unknown) (If yes, give war or date	s of service)	SECURITY NO.	albert Tillery		
	18. E971.8		CAUSE	OF DEATH		INTERVAL BETWE
	DISEASE OR CONDITION	DIRECTLY		and the second		ONSE! AND DEA
	(This does not mean the mode of	TH of dying, e.	g, (A) Phospho	orous poisoning	***************************************	
	heart failure, asthenia, etc. It mes injury or complication which of	aused deat	se, h.) DUE TO			
	ANTECEDENT CAUS	ES				1 1 1 1 1 1 1
7	DISEASES OR CONDITIONS, I	E ANY CIVI	(B)		***************************************	
TION	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING T				
A.	ONDERE INTO CONDITION EX		(C)		***************************************	
ERTIFICA	11					
RTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT	NOT RELAT	ED			
CE	TO THE DISEASE OF CONDITION		FINOINGS OF OPE	PATION		20. AUTOPSY?
	19A. DATE OF OPERATION 1	SB. MAJOR	FINOINGS OF OLE	TATION .		YES NO
DICAL	21A. EXTERNAL CAUSE WAS UNDERLYING IX OR CONTRIB- UTING D'CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.,		f in Baltimore City, give	
NE NE	21D. TIME (Month) (Day) (Year)	1	21E. INJURY OCCURR			
	OF INJURY May 14, 1952		WHILE AT NOT WHILE			
						thomas and fue
	22. I certify that I took char the evidence obtained by	said Aut	opsy, Inspection or	Inquiry, find that said des ☐, accident ☐, suicide	ceased died on the	thereon and fro day stated abou
	23A. SIGNATURE	Tesuiteu j	Trom. maintai canse			DATE SIGNED
	Stanlan /X.	Du	lachen	23B. CHIEF MEDICAL I ASSISTANT MEDICAL I 1.D. MEDICAL INVESTIGAT	OR Mar	15, 1952
2	AA. BURIAL, CREMA- 2/48. DATE			ERY OR CREMATORY 240. LO		
	Burial 5/17/19	52	Mt Calvery (em. Bro	oklyn Md.	100000
D	ATE RECEIVED BY REGISTRAR	SSIGNATI	JRE	ELLEN O JOHN	A	ently any
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 Registered No. 4651

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF Nov. 15 1050
Maggie Jackson	OF May-15-1952
A. Baltimore City, Maryland Balto. City	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	Maryland C. CITY OR TOWN (If outside corporate limits write Rulled), and give
INSTITUTION	township)
Providemt Hospital	Baltimore
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 20 Yrs. Mos. Days	26 South Regester Street
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under I Year If Under 24 Hours last birthday) Months; Days Hours; Min.
Female Col. Married	Aug27-1900 51
10A. USUAL OCCUPATION (Givekindof work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
The state of the s	Lawerenceville Va. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
?	Mary Ella Ridley
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (11 yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Bertha Walker 921 Shields Place
	DE DEATH JINTERWAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEAJH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	nitoriation 1000
heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	1. 200 t
ANTECEDENT CAUSES	12.17.10 Man 14.11 - 11.
Z DISEASES OR CONDITIONS, IF ANY, GIVING	in in a constant in the
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
ONDERLYING CONDITION EAST.	
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CON-	
I TRIBUTING TO THE DEATH, BUT NOT RELATED	
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
V 214 ACCIDENT WAS LINDED. 218 PLACE OF INJURY (a.g. in	YES NO
EIN. ACCIDENT WAS DIRECT.	n or 21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.e	injury occur?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from	113 , 19 57 to 19 19 2 that I last saw the
deceased alive on 1912 and that death occur	
	rred at 1 4 A A A A A A A A A A A A A A A A A A
IIVII A. DILLI.	1420 F. (1000) 17152
24A. BURIAL. CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)
Burial 5/18/1952 Wilson Chap	le Cem. Lawrenceville Virginia
LOCAL REGISTRARO	TI DI TELLE MAN
MAY 1 1934 Thurtington Welleaus, 19	Choy 1: Wilson) Ho Belling in
VS 150	



OF INJURY

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	D.	
1	EA	Poor.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF CHARLOTTE CARSON (CHARLOTTIE CARSON) DEATH May 16, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or Md. 722 W. Hamburg St. location) C. CITY OR TOWN (If outside corporate limits we te RURAL and give INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 722 W. Hamburg St. Davs 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year AGE (in years Months Days Hours Min. WIDOWED, DIVORCED (Specify) last birthday) female widowed July 2. 1876 IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or detes of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs. Dorothy Linton -718 W. Hamburg St. INTERVAL BETWEEN 260X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE QUE TO UNDERLYING CONDITION LAST. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAI 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, fectory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

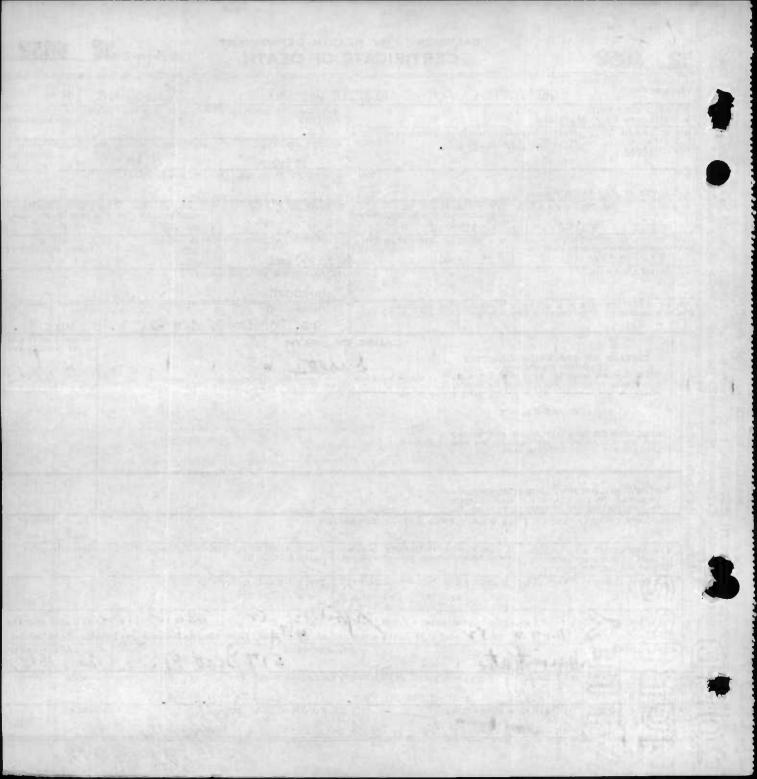
4001952 22. I hereby certify that I attended the dcccased from-195 that I last saw the man 14, 1952 and that death occurred at_ deceased alive on_ Am., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS

23c. DATE SIGNED 24c, NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial /19/52 Western Cem. Balton DATE RECEIVED BY

WHILE AT

REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



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-	50 0 52 46
1	BIRTH NO.
	1. NAME OF (Type or Print
	3. PLACE OF A. Baltimore
	B. FULL NAM HOSPITAL OF INSTITUTION
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	c. Length of
ı	5. SEX
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l	10A. USUAL C
1	none

BALTIMORE CITY HEALTH DEPARTMENT

ACED

DR 4653 BIRTH NO.	CERTIFICAT	E OF DEATH Registered N	4633
1. NAME OF DECEASED (Type or Print) Lillie Bly	e Dunn	2. DATE OF May 1	6, 195 2
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution)	on give street aldress or	4. USUAL RESIDENCE (Where deceased lived, If i	
HOSPITAL OR INSTITUTION 1431 Bolton St.	location)		s, write RURAL and give township)
c. Length of stay in Baltimore	12 Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1431 Bolton St.	
female white wid	E, MARRIED. PED, DIVORCED (Specify)		under 1 Year II Under 24 Hours nths Days Hours Min.
work done during most of working life, even If retired) NONE	OF BUSINESS OR INDUSTRY	Philadelphia, Pa.	12. CITIZEN OF WHAT COUNTRY?
John Henry Blye	ALLE BE	14. MOTHER'S MAIDEN NAME Eliza M. Goodwin	V
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	The second secon	Bolton St.
IB. # 50 0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g heart failure, asthenia, etc. It means the disease injury or complication which caused death. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A)	OF DEATH Preumonia veralized Arterneleson	interval Between onset and death 30 days
OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE			

TO THE DISEASE OR CONDITION CAUSING IT

19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

> 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21A. ACCIDENT WAS UNDER-LYING☐ OR CONTRIBUTING☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT NOT WHILE

21F. HOW DID INJURY OCCUR?

AT WORK m. 22. I hereby certify that I attended the deceased from. Zand that death occurred at 12

1950, 19_, to_ Mayle, 1957, that I last saw the

195 deceased alive on 23A. SIGNATURE

24B. DATE

23B. ADDRESS 1101 St. Paul St. 23c. DATE SIGNED

20. AUTOPSY?

24A. BURIAL, CREMA-TION, REMOVAL (Specify) burial

21B. PLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bldg., etc.)

24c. NAME of CEMETERY OR CREMATORY | 24c. LOCATION (City, town, or county)

from the causes and on the date stated above.

DATE RECEIVED BY LOCAL REGISTRAR

- 19 - 52 REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR John O.Mitchell Sons, Inc. -1900 Eutaw Plac

Philadelphia

ADDRESS

VS 150

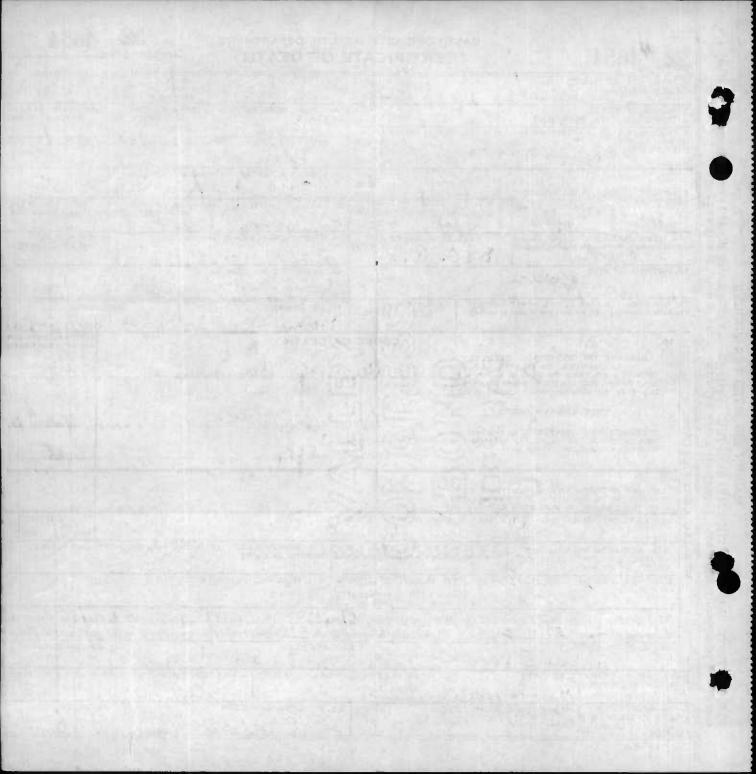
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	RITE PLAN	is especially important. Physicians: please write the causes of death clearly and legizary
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52 BRTH	NO.	16	54
1. NAI			ECEA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 4654 Registered No.

DI	RIH NO.						
1. (T	NAME OF D ype or Print)	WILLIA!	H	SHAW		2. DATE OF DEATH	17/52
A.		City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. If i	institution : residence before admission)
	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or	ma		- 15)
	SPITAL OR STITUTION	Unimenty	Hon	price location)	Bulture A	1 17	township)
-	V.			Yrs.	D. STREET ADDRESS (If		
and the same of		stay in Baltimore		ife Mos. Days		wom Ble	d
5.	SEX	6. COLOR OR RACE		. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	Under 1 Year II Under 24 Hours
	M	143	WIDOW	ED DIVORCED (Specify)	N ICIA	last birthday) Mon	nths Days Hours Min.
	100	V		W	NOV.16, 1863	88	
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fe	oreign country)	12. CITIZEN OF
WOLI		LANCE HIE, even is retired)	88	A R INDUSTRY	Baltinan	DMI	WHAT COUNTRY?
			10 0-	D. ILIN.	DALTIMON	-,/10.	
13	. FATHER'S	NAME TO LET			14. MOTHER'S MAIDEN N.	AME	
		C. Coloro	7.77		Amelia WA	idnas	
15	WAS DECEAS	ED EVED IN H C ADVE	FORGES	L 10 000111	1111		
(Ye	, no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or date	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
					monumente	Cother 341	O GARRISON BLUD
	18. 3 3	b vi		CAUGE	OF DEATH		INTERVAL BETWEEN
		2×		CAUSE	OF DEATH		ONSET AND DEATH
	DISEA	SE OR CONDITION	DIRECTLY				1.11%
	(This does	LEADING TO DEAT	FH If dving: e.g	(A) COD	ofrol Throm	burne	WK
	heart failt	are, asthenia, etc. It mea	ns the diseas	e,		1 - CL C C C C C C C C C C C C C C C C C	***************************************
	injury or	complication which c	aused death	.) DUE TO			
		ANTECEDENT CAUS	FS		Λ.,		4
7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- Gu	world the Bit	munilina	T. Mrs
ō		S OR CONDITIONS, I			(and the second section of the section of	709
F		THE ABOVE CAUSE (A)		E DUE TO	0 1		
A	ONDERL	IIII COMDITION LA	51.	(C)	and ITI		MAS
RTIFICATION							
		11					
OC.		SIGNIFICANT CONDI					LO CANALISMAN
CE		G TO THE DEATH, BUT					
				FINDINGS OF OPER	ATION		20. AUTOPSY?
Ļ	IOA. DAIL	or examen of	ob. MAGOIL				
O			1		1 242 1111 222 212	16 t- D-14t- Ct.	YES NO.
IEDICA		DENT WAS UNDER- R CONTRIBUTING DEATH	about home,	CE OF INJURY (e. g., in earm, factory, street, office bldg., e		If in Baltimore City, g	rive exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY	() ()		WHILE AT NOT WHILE			
			m.	WORK AT WORK			
	22 1 havel	by certify that I att	anded st.	deceased from	11.152,19 to 5	17 / 17 10	, that I last saw the
	1	The color of the Tall	Page the	7 11 7 11	rred at 323 Am., from t		
			, 19			ne causes and on th	
	23A. SIGNA	TURE	10	2	3B. ADDRESS	U. c.	23c. DATE SIGNED
		Cobera >	Moss	M. D.	1 transmit 9	Lec 3h	11/12
2	A. BURIAL.	CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240. L	OCATION (City, town,	or eounty) (State)
-	N, REMOVAL	A 4	10.00	9.	5	1 00 1	2.1
	ULIAL			Mraine	as superal sissessing	rodlaun,	ADDRESS
	ATE RECEIVE		6 SIGNATI	PF1: 1110- 1532	25. FUNERAL DIRECTOR	1. 0 17	ADDRESS
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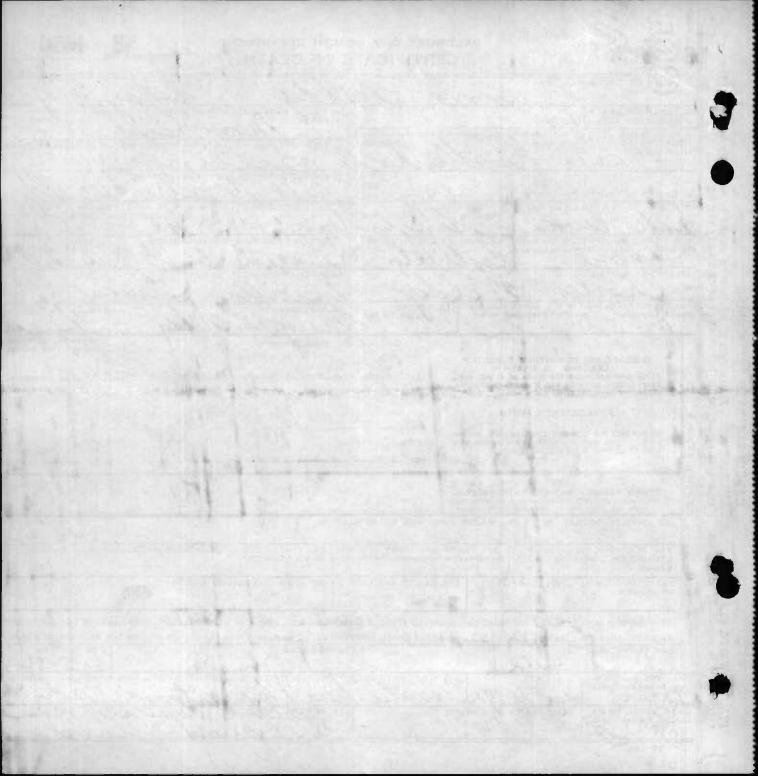
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MARGIN RES	WITH UNFADING IN	Physicians:
	WITH	int, ortant.
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	PLA	ecially
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	WRITE PLA	ge is especially
	PLEA WRITE PLA	correct ge is especially in ortant. Physicians: plea

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Samuel Stanley Webb May 15. 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland 3501 Southern Ave. A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, white RURAL and give INSTITUTION township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 3501 Southern Ave. c. Length of stay in Baltimore Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years li Under 1 Year li Under 24 Hours last birthday) Months: Days Hours Min. male white 9/26/1863 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)

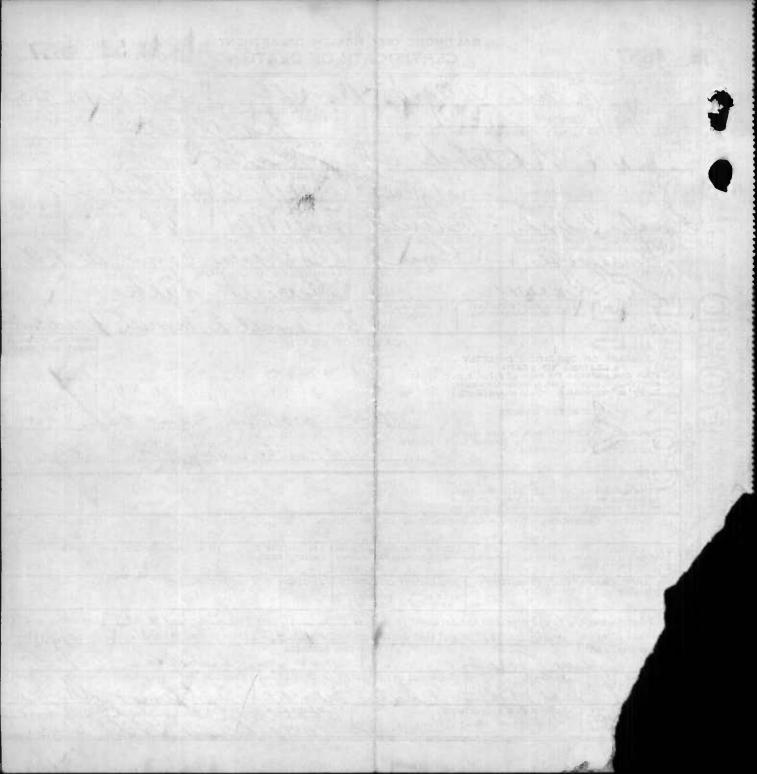
Retired INDUSTRY WHAT COUNTRY? Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Henry Webb Rebecca Chamberlin 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 3435 Guilford Rerrace Irs. Arthur Nickerson INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED H TO THE DISEASE OR CONDITION CAUSING IT. Ü 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e. g., in or about home farm, factory, street, office blds., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE 19 that I last saw the 22. I hereby certify that I attended the deceased from deccased alive on 19 4 and that death occurred at. m., from the causes and on the date stated above. 234 SIGNATURE 238. ADORESS 23c, DATE SIGNED 5106 Harford Road 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) May 17, 1952 Mt. Olivet Baltimore, Md. 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS ACAL REGISTER ualus /2 rome 1900 Eutaw Place VS 150

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Ne v	2	430 4656		EALTH DEPARTMENT	Registered No.	4656
PLEA WRITE PLA WITH UNFADING INK. Every item of information should be cally sure or correct ge is especially important. Physicians: please write the causes of death clearly and leging.	1. (T 3. A. B. H(IN	NAME OF DECEASED Sype or Print) PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or insospital or in	stitution, give street address of Jocation June 19 19 19 19 19 19 19 19 19 19 19 19 19	4. USUAL RESIDENCE (VA. STATE AND CONTROL OF TOWN (IE) O. STREET ADDRESS IF O. STREET	2. DATE DEATH OF THE PROPERTY	V St.
	(Ye	(If yes, give war or dates of services, not pakenown) (If yes, give war or dates of services, not pakenown) DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the injury or complication which caused of the dinjury or complication which caused of the complex of th	CAUSE TLY , e. g., (A) isease, leath.) DUE TO (B) (C) CON-	monary to	Villy sas	INTERNAL BETWEEN ONS AND OEATH
		19A. DATE OF OPERATION 19B. MA 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about E CAUSE OF DEATH	NG IT. JOR FINDINGS OF OPE PLACE OF INJURY (e. s., 100me, farm, factory, street, office bidg.	in or 21c. WHERE DID (1 INJURY OCCUR?	f in Baltimore City, give	20. AUTOPSY? YES NO exact location)
	2.4 Tu	22. I hereby certify that I attended deceased alive on 12, 195 23. SIGNATURE 44. BURIAL, CREMA- 248. DATE CALL REGISTRARS SIGNATURE ATE RECEIVED BY REGISTRARS SIGNATURE MALE REGISTRATURE MALE REGISTRARS SIGNATURE MALE REGISTRATURE MA	and that death occur. M.D. 248 NAME OF CEMET. SAUGULUS JATURE	arch 16, 1952 to M urred at 5:30 a.m., from t. 23B. ADDRESS 718 200 h	13, 1952; the dauses and on the control of the con	3c. DATE SIGNED
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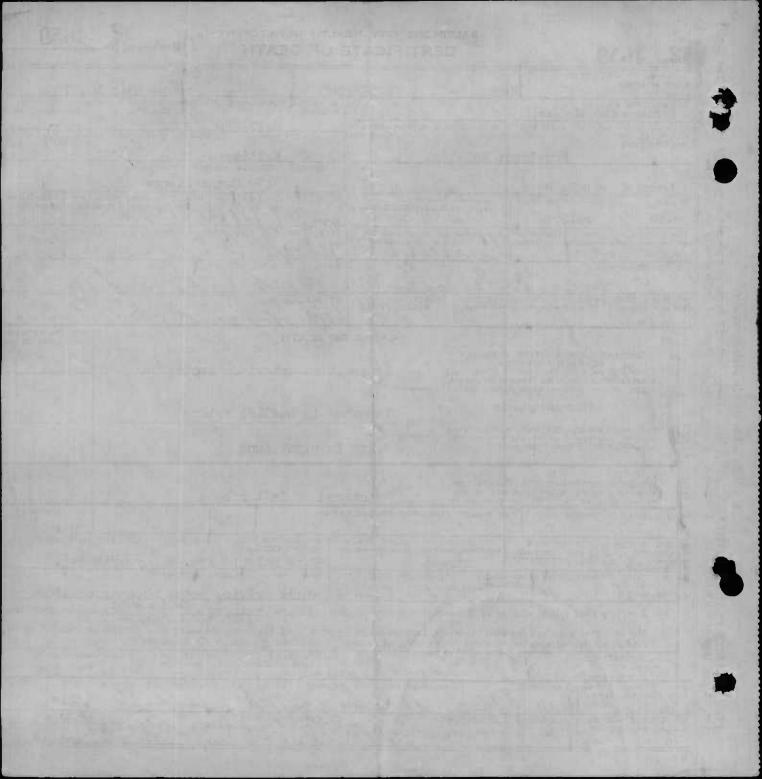


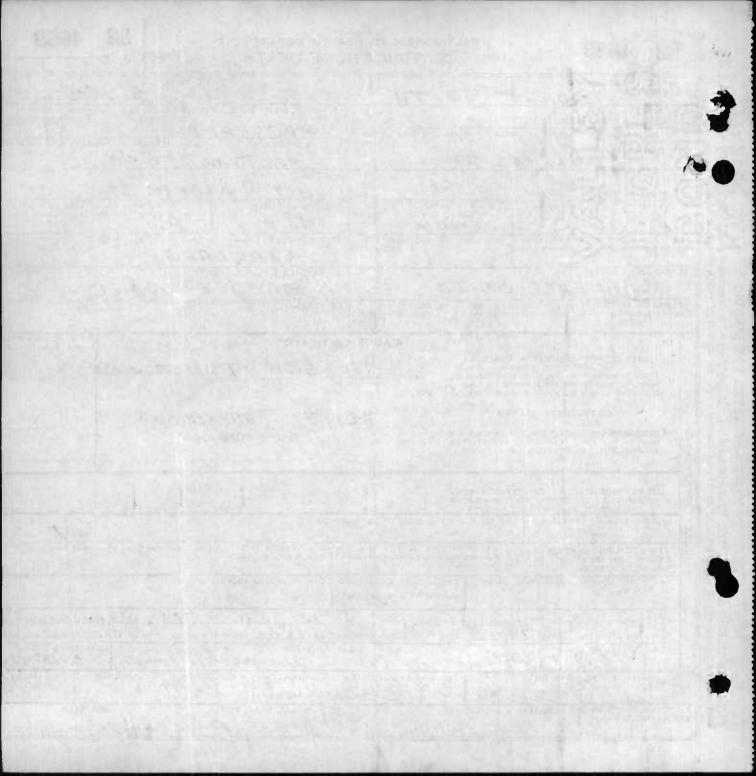
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. O. NAME OF DECEASED 2. DATE (Type or Print) OF JOHN. VANDERFORD May 16. 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION township) Provident Hospital Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos 3439 Caton Avenue Days c. Length of stay in Baltimore AGE (in years | If Under | Year | If Under 24 Hours last birthday) | Months: Days | Hours: Min. WIDOWED, DINORCED SE 5. SEX 6. COLOR DR RACE DATE OF BIRTH colored male pluods 10A. USUAL OCCUPATION (Give kind of rock done overing most of working life even if retired) BUSINESS OR foreign country) 12. CITIZEN OF clearly WHAT GOUNTR In ramo information s of death cle 13. FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or any nown) (If yes, give war or dates of service) 16, SOCIAL SECURITY NO of i CAUSE OF DEATH and ONSET AND DEATH ery item DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) ... Generalized arteriosclerosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) ANTECEDENT CAUSES Thrombus in basilar artery INK. DISEASES OR CONDITIONS, IF ANY, GIVING CATIO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c) Scars in right lung UNFADING Physicians: MARGIN RTIFI ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Fractures of left ribs TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION important. 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (c. g., In or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB-MEDI Park Heights Ave. & Keyworth street 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE While driving motor scooter collided especially WORK thereon and from 22. I certify that I took charge of the remains described above, held an autorsy Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, RITE is esp and death in my opinion resulted from: natural causes [], accident [X], suicide [], homicide [], undetermined [] 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER age MEDICAL INVESTIGATOR BURIAL, CREMA-1 208 DATE 24c. NAMED OF CEMETER TION, REMOVAL (Specify PLE DATE RECEIVED BY URE LOCAL REGISTRAS 151 970

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FOR

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BALTIMORE CITY HEALTH DEPARTMENT 59 ACCO							
2RTH 4660 CERTIFICATE OF DEATH Registere	4660						
1. NAME OF DECEASED (Type or Print) 2. DATE							
Hogan, John Joseph, Sr. DEATH May	7 15, 1952						
3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE 4. USUAL RESIDENCE (Where deceased lived as STATE) B. COUNTY							
B. FULL NAME OF (If not in hospital or institution, give street address or	11/2						
HOSPITAL OR JOCATION (If outside corporate)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township						
St. Joseph's Baltimore	Baltimore //						
Yrs. O. STREET ADDRESS (If rural, give location Mos.							
c. Length of stay in Baltimore 16 yr. Days 1526 N. Patterso							
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 9. AGE (In years) last birthday)	Months Days Hours Min.						
Marries June 151875 76.							
10A. USUAL OCCUPATION (Givehind of working life, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRY	12. CITIZEN OF WHAT COUNTRY						
Watchman Sun Office New York bety 2							
13. FATHER'S NAME							
15 was December 15 mm	reli						
15. WAS DECEASED EVER IN U. S. (ARMED FORCES? (Yes, no or wellnown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT	ADDRESS (we						
malilda dogun 1526 P.	attersinger						
18. 33/X CAUSE OF DEATH	INTERVAL BETWEEN						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Thum at home of wing, e.g., (A)							
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	······································						
injury or complication which caused death.) OUE TO	5011 (44000510)						
ANTECEDENT CAUSES							
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OTHER SIGNIFICANT CONDITIONS CON-							
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?						
	YES NO X						
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or LYING CAUSE OF DEATH 21C. WHERE DID (If In Baltimore City Injury OCCUR?)	ty, give exact location)						
210. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21s. HOW DID INJURY OCCUR?	ED 21F. HOW DID INJURY OCCUR?						
OF INJURY WHILE AT NOT WHILE MORK AT WORK							
22. I hereby certify that I attended the deceased from May 14, 19 52 to May 15, 19	52 that I last a 11						
deceased alive on May 15, 1952, and that death occurred at 5:05pm., from the causes and o							

23A. SIGNATIONE

248. DAT

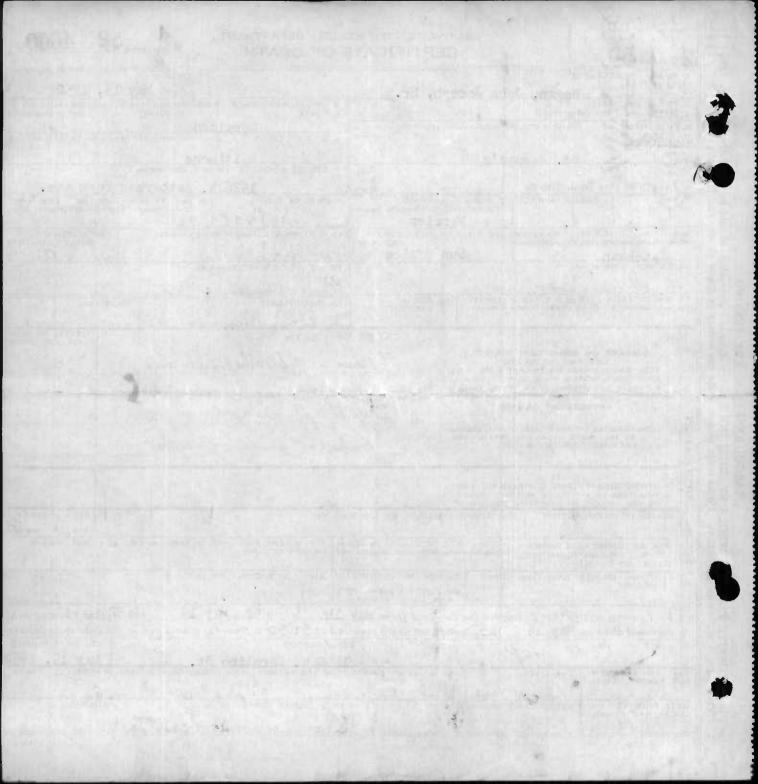
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238. ADDRESS 23c. DATE SIGNED 1952

ine St. May 240. LOCATION (City, town, or county) Caroline M. D

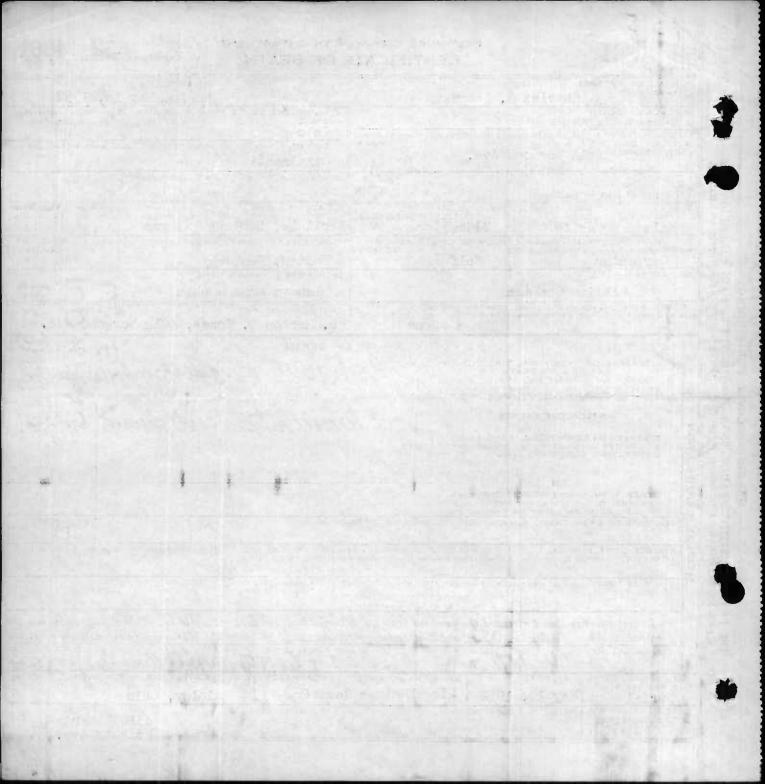
24A. BURIAL, CREWA-THON REMOVAL (Specify) May 19 1962 A ADDRESS 25. FUNERAL DIRECTOR DATE RECEIVED BY LOCAL REGISTRAR

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> 4		15.5									
	56 BII	. 4661 RTH NO.		ВА		TE OF DEATH		Registered	N52	4661	
	1. NAME OF DECEASED (Type or Print) Charles A. Chapman						2. DATE OF DEATH MAY	16,	1952		
4	A.	s, PLACE OF DEATH: a. Baltimore City, Maryland			A. STATE	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)					
	B. FULL NAME OF (If not in bospital or institution, give street address or HOSPITAL OR INSTITUTION 4811 Norwood Ave. c. Length of stay in Baltimore 4 XXXX					c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
leg						D. STREET ADDRES	D. STREET ADDRESS (lf rural, give location)				
and	5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify). Widowed			8. DATE OF BIRTH		9. AGE (In years last birthday) 183 yrs	If Under 1 Months I	Year M Under 24 Hours Days Hours Min.			
Clearly	IOA. USUAL OCCUPATION (Givekind of work done during most of working life, even lfretired) INDUSTRY				11. BIRTHPLACE (Sta	te or fore	or foreign country) 12. CITIZEN OF WHAT COUNT				
	13.	Carpenter FATHER'S NAME		De.	L1.	Foster, Ker					
		Willi	am Chapmai	n		Genova Anr	ne Dur	nham			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnkoowo) (If yes, give war or dates of service) SECURITY NO. None				17. INFORMANT Mr. Merton B.	Jone		ADDRES			
sicians	RTIFICATION	DISEASES OR RISE TO THE AB UNDERLYING	lication which cecepent CAUS CONDITIONS, IF SOVE CAUSE (A) CONDITION LA II FICANT CONDI	ES F ANY, GIVI STATING T ST. TIONS CO	(C)	ob. acute co teriorclerotic	, he	ut dies	ue	6-8yrı.	
	CE		THE OEATH, BUT	CAUSING		FRATION				20. AUTOPSY?	
	AL	19A. DATE OF OF	EKATION O	, masor						YES NO	
	EDIC	21A. ACCIDENT, S HOMICIDE (Sp	SUICIDE, ecify)		ACE OF INJURY (e. 6 farm, factory, street, office bld			in Baltimore City	, give ex	act location)	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK AT WORK											
		22. I hereby certify that I attended the deceased from May 16, 1952, to May 16, 1952, that I last saw the deceased alive on May 16, 1952, and that death occurred at 5 P. m., from the cluses and on the date stated above									
		23A. SIGNATURE	golde	tein	м. б.	5334 Liberty	Hei	ghts ave	· Bua	14.16, 52	
9	TION, REMOVAL (Specify)										
Burial May 19, 1952 Pisgah Ridge Cemetery Ripl Date Received By Registrar's Signature 25. Funeral Director MAY 1952 Turkington Williams, May 2. W. Cammera						Libe	ress erty Ave				
		VS 150		0	tal 14-1 - 14-1 tal	1, 13	1				



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) WILL C. MILES OF May 16, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Md HOSPITAL OR location) (If outside corporate limits, we to RIDAL and give C. CITY OR TOWN INSTITUTION 121 Hawthorne Rd. Baltimore Yrs. p. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore 121 Hawthorne Rd. information should be of death clearly and le Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) Il Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED DIVORCED (Specify) white male Feb. 25, 1867 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired retired Interior Decorator INDUSTRY WHAT COUNTRY? Indiana 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lorenzo Miles Alice (? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mr. C. J. Zink - 121 Hawthorne Rd. no INTERVAL BETWEEN item 18. CAUSE OF DEATH ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the diseasc, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: U EL. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. $\overline{\mathbf{U}}$ 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 4 U 21B. PLACE OF INJURY (e. g., ln or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-EDI INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE especial

194 17, 19 2 that I last saw the 22. I hereby certify that I attended the deceased from 1912 and that death occurred at &: OSPm., from the causes and on the date stated above. deceased alive on_ 23 A. S) GNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 18/52 Remova] leveland Ohio

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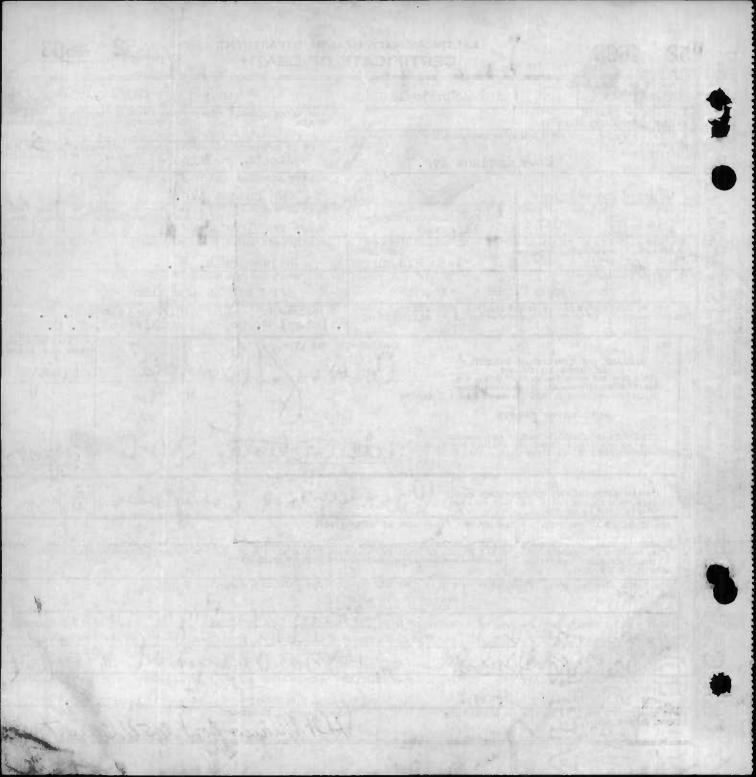
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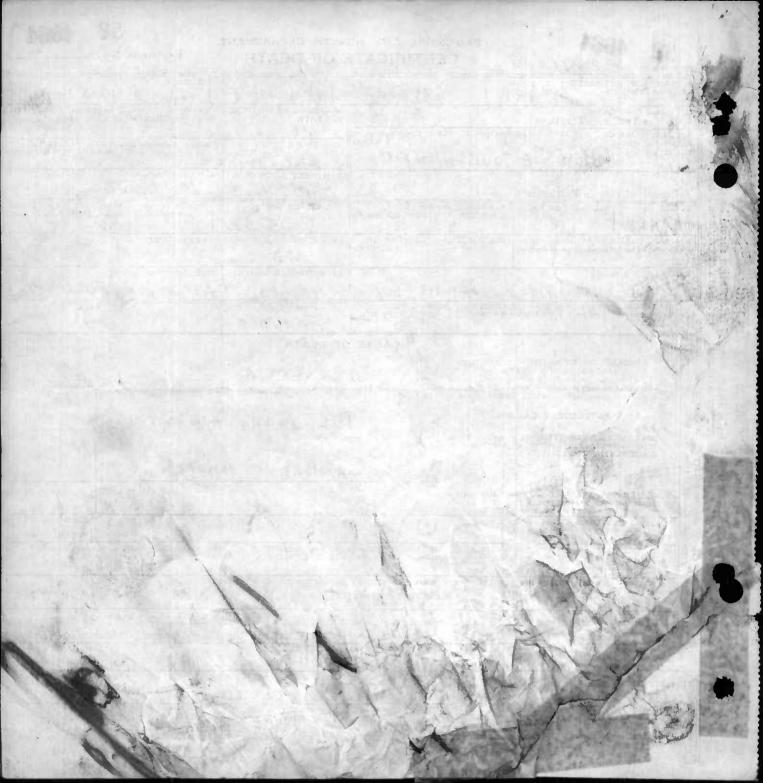
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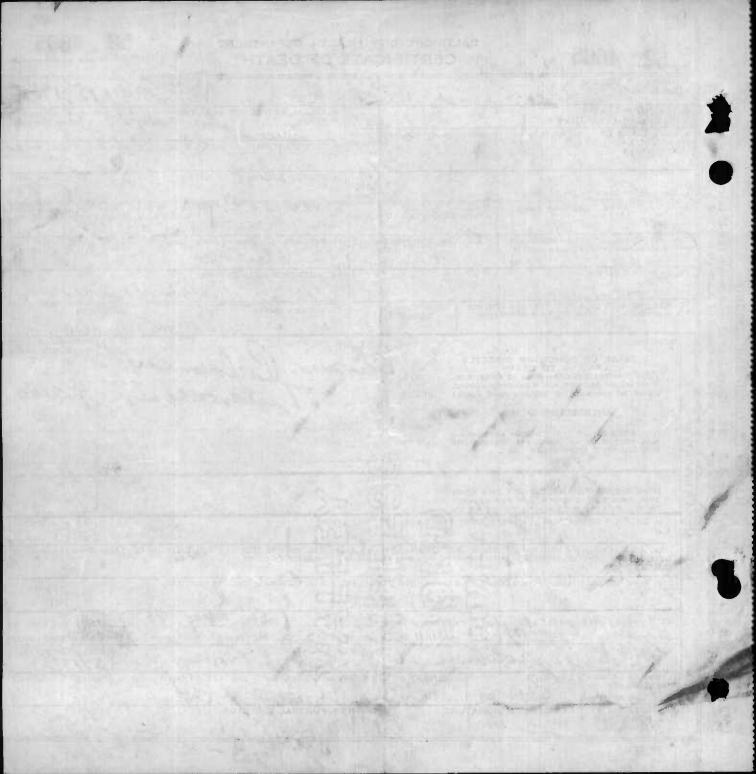
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ADDRESS

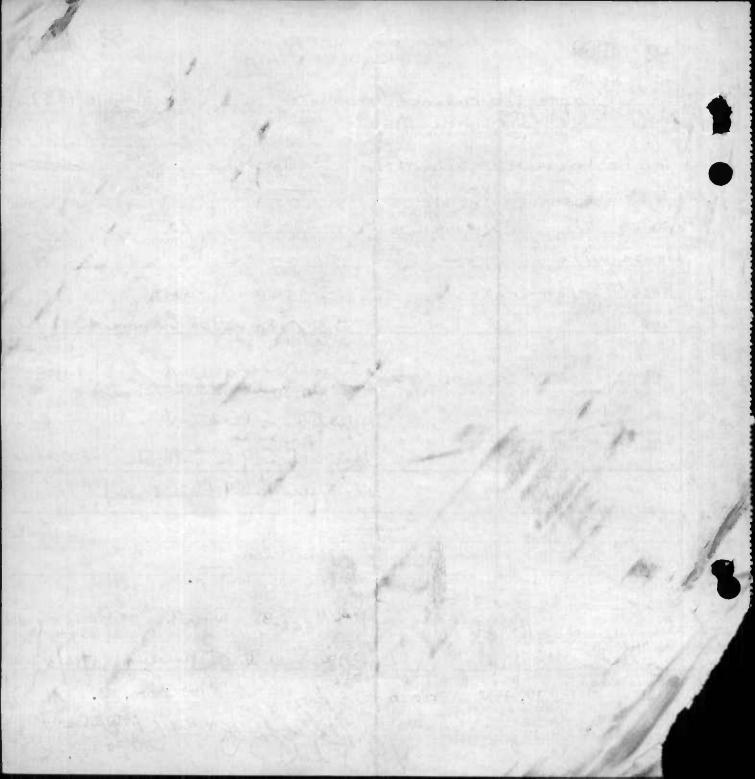
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16		J.C.	4666			EALTH DEPARTMI		52 istered No.—	4666
d. The	1.	NAME OF Daype or Print)	Cooper /	Mas Floor	nce Pen	ninaTm	2. DATE OF DEATH	May 11	1957
	А.	FULL NAME	City, Maryland	tal or institution,	md.	4. USUAL RESIDENT	CE (Where decease		unon: residence before admission)
ılly		OSPITAL OR	or Incusab	les - 700	w. 40 ST.	C. CITY OR TOWN Ballimo	re	15-0	te RURAL and give township)
be cand leg	-	Length of	stay in Baltimore		Mos. Days	8. DATE OF BIRTH	3 13 lore	n years If Under I	
on should be	10	emale DA. USUAL OC k done during most	CCUPATION (Give kind of working life, even if retired	Widow.	DIVORCED (Specify) ed BUSINESS OR INDUSTRY	9-22-180 11. BIRTHPLACE (Sta	6 85	y) 12. C	Days Hours Min
nation ath cle		HOUSE B. FATHER'S	wife	none	NADOSTKI	BALTIMOR 14. MOTHER'S MAID		Ž	1. S. A.
FOR BINDING , item of information the causes of death cle	Ross. T. Pennington 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO. 17. INFORMANT						ADDRE	ss	
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4.4		(This doe heart fail	LEADING TO DEA s not mean the mode are, asthenia, etc. It mer complication which	TH of dying, e.g., ans the disease,	(A) GA	Timberosi	- (general	ged)	1 years
RESERVED INK. Ever	CAL CERTIFICATION	DISEASE	ANTECEDENT CAUS		(B) 7Jy	puturi C	ndu -V	renter	5 years
ITE PLA WITH UNFADING especially in ortant. Physicians:		RISE TO	THE ABOVE CAUSE (A) YING CONDITION L	STATING THE	(C) - 1	ypertropl	we full	retes	20 years
		TRIBUTIN	II BIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	D.	reticulosi	- (Signio	& Colon)	3 years
		19A. DATE	OF OPERATION O	198. MAJOR FIN	IDINGS OF OPER	ATION			20. AUTOPSY?
	MEDIC	LYING O		about home, farm, fo	OF INJURY (e. g., i ectory, street, office bldg.,	otc.) INJURY OCCUR?		ore City, give e	kact location)
		OF INJURY	(Month) (Day) (Year	m. WHILE	K AT WORK		NJURY OCCUR?		
		deceased a		tended the dece _, 19 52 . and	that death occur	rred at 3 P.m., fr	rom the Jauses	and on the da	
is is	24	4A. BURIAL, ON, REMOVAL (ustra Herry	1 24c.	м. D.	214 malel RY OR CREMATORY 2	CAR RUL	ling 5	nty) (State)
		Burial	May 19,	'S SIGNATURE	reenmount (PER DINEBAL DIREC			RESS
		Y 18	1952 Huntin	gton Wille	aus, My	Mixles au	yonggy	1510 L	iberty
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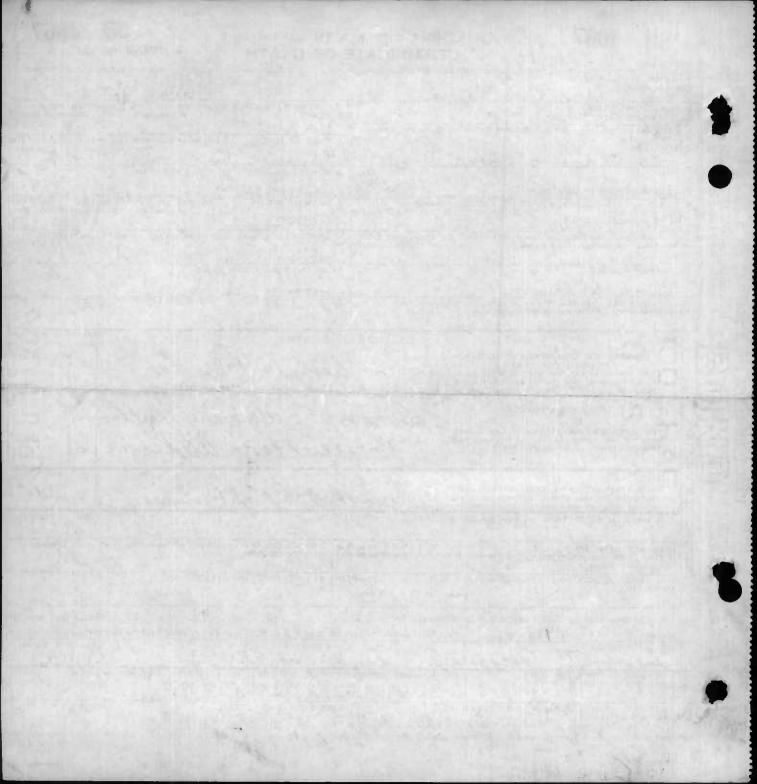
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RTH NO.	52-1021	ý

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 4667

Registered No.

BIRTH NO. 52-10216 CERTIFICATE OF DEATH Registered No.							
1. NAME OF DECEASED 2. DATE							
(Type or Print) Baby Boy Shugars. DEATH 5 952							
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. STATE B. COUNTY before admission)						
B. FULL NAME OF (If not in hospital or institution, give street a							
HOSPITAL OR INSTITUTION_	(If outside corporate limits, write RURAL and give						
South Baltimore General Hospil	Tal 4117 Hague Ave. 25-04						
43	Yrs. D. STREET ADDRESS (If rural, give location)						
c. Length of stay in Baltimore	Days Latimore as No.						
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	B. DATE OF BIRTH 9. AGE (In years It Under I Year It Under I						
Male What Single	518152 21						
10A. USUAL OCCUPATION (Give kind of the total of the tota	DUSTRY WHAT COUNTRY?						
	Sattinure Hd.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Eugene A. Shugars.	thogene Ellenberg						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURIT	Y NO. 17. INFORMANT ADDRESS						
	State State Section (A.T. Parliament S.C. C.						
	AUSE OF DEATH . INTERVAL BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY							
(This does not mean the mode of dying, e.g., (A)	Rophypia Palleda						
injury or complication which caused death.) DUE TO	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
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194. DATE OF OPERATION 198. MAJOR FINDINGS C	F OPERATION 20. AUTOPSY?						
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						23A SIGNATURE	23B. ADDRESS 23c. DATE SIGNED
Dwerin . Goldwich	M.D. 1213 light 3t. 1519152						
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)							
JUHN HUPAINS MEDICAL SCHOOL MAY 1 2 1952							
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS							
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B. FULL NAME OF (If not in hospital or institution, give street address or Mospital or institution, give street address or lection) MOSPITAL OR MOSPITAL OR NOSITUTION L. Length of stay in Baltimore L. Length of stay in B			
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S. PLACE OF DEATH 3. PLACE OF DEATH 4. DSUAR RESIDENCE (Where deceased lived, if indition both and interest of the policy of t	70		
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22. I hereby certify that I attended the deceased from 12. M. 5-10, 195, to 3 24 5-10, 195, that I deceased alive on 32. M. 5-10, 195, and that death occurred at 32. M., from the causes and on the date s	last saw		
Relene C. Brickman M.D. Hospital Jes (woman of mal 5-10	ATE SIGNE		
	152		
24a. BURIAL. CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY AND 1952 ity, town, or county)			
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRES			
MAY 18 1952 - Huntington Williams, My Commissioner of Health) (Stat		
VS 150) (Stat		



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4670 Registered No. May 17, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) mades (If outside corporate limits write RURAL and tive township) D. STREET ADDRESS (If rural, give location) 9. AGE (In years | il Under 1 Year | Il Under 24 Hours last birthday) | Months | Days | Hours | Min. It Under 24 Hours 12. CITIZEN OF WHAT COUNTRY? David Landy 2609 Liberty Heights Ave INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

ADDRESS

4*

MARGIN RESERVED FOR BINDING

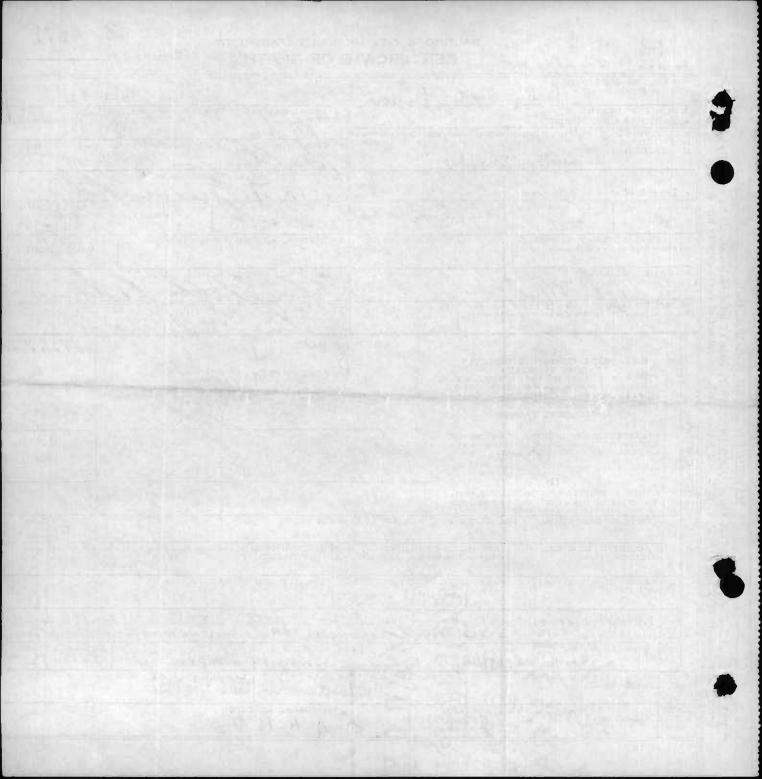
BALTIMORE CITY HEALTH DEPARTMENT

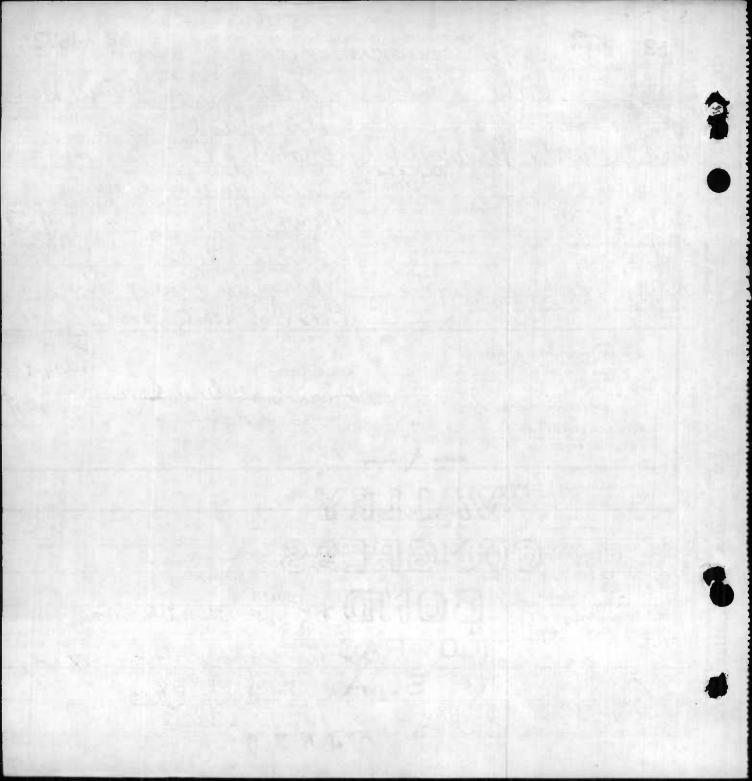
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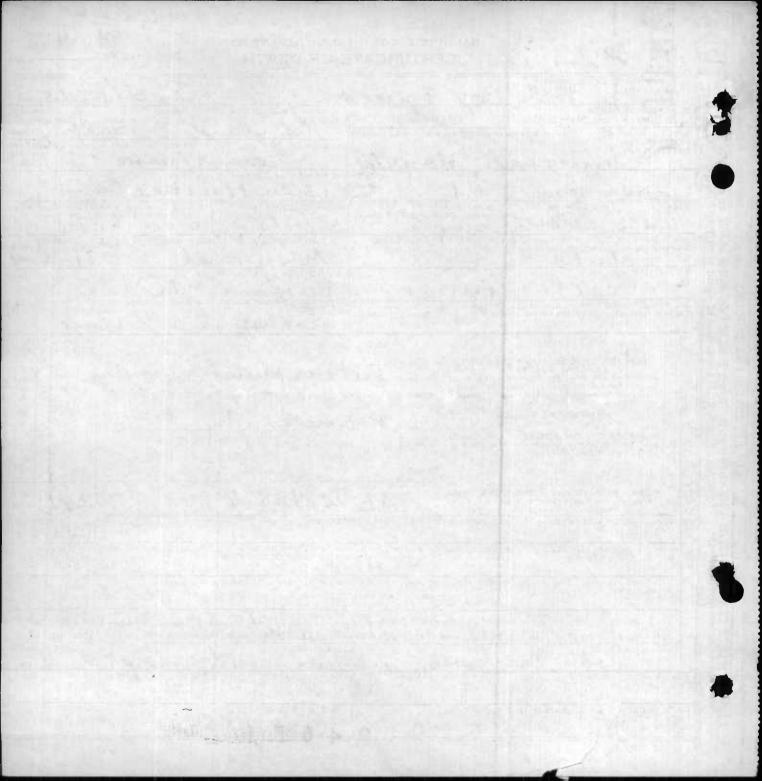
	REPRINCE OF DEATH Registered No.					
	NAME OF DECEASED Baby Bird Miller	2. DATE OF DEATH 5-12-52				
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address	A. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)				
HC	DISPITAL OR STITUTION University los pilal	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township				
-	Length of stay in Baltimore Yrs Mos Day	315716				
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Speci	8. DATE OF BIRTH 9. AGE (In years It Under I Year Months Days Hours Min. 5-11-52 18. DATE OF BIRTH 19. AGE (In years It Under I Year Months Days Hours Min. 12. 15				
	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) INDUST	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
13	Fred Willer	14. MOTHER'S MAIDEN NAME				
15 (Yea	. WAS DECEASED EVER IN U.S. ARMED FORCES? 1, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT MILLER ADDRESS				
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	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP OF INJURY m. WHILE AT NOT WHI AT WORK AT WORK	LE				
	22. I hereby certify that I attended the deceased from 5-11, 1953, to 5-12, 1953, to deceased alive on 5-12, 1952, and that death occurred at 1:15 Am., from the causes and on the course of the cours					
	23A. SIGNATURE W. It day M. D.	unwasity Hospital 23c. DATE SIGNED				
710	AA. BURIAL, CREMA- ON, REMOVAL (Specify)	PKINS MEDICAL SCHOOL MAY 1 5 1952 (State)				
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				

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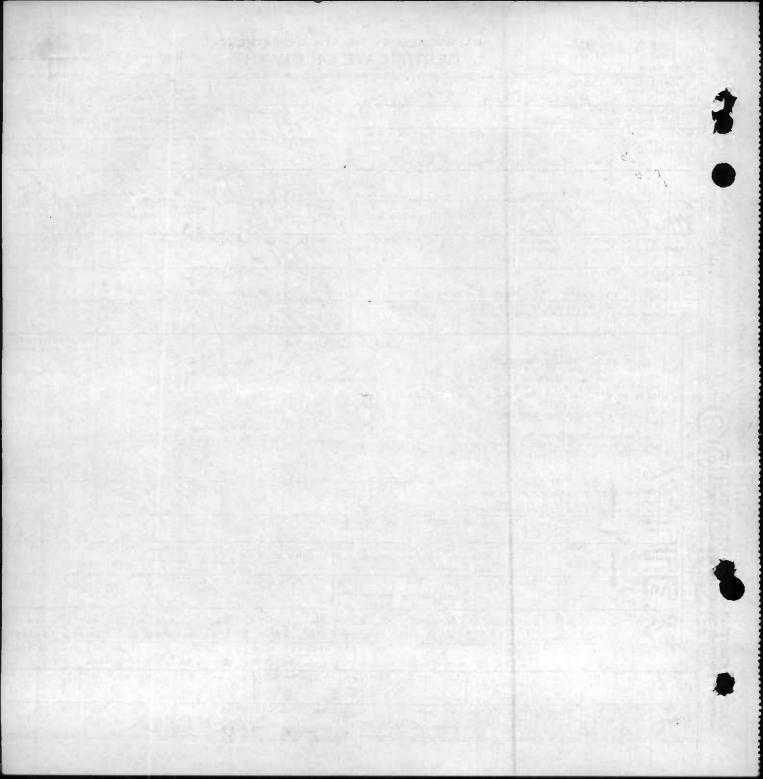






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The	ВІ	69 //4	TE OF DEATH Registered No	2 4674
1	1.	NAME OF DECEASED Baby Girl Duke	2. DATE OF DEATH 5/14	1/5-2
	A. B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address of	4. USUAL RESIDENCE (Where deceased lived. If ind A. STATE B. COUNTY DALLO	titution: residence before admission)
Tully.		STITUTION Hospofmd	Balto (11 sucside corporate minis,	write RURAL and give township)
be c		Length of stay in Baltimore // Mos. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	4529 Ridge Drive	der I Year If Under 24 Hours
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ttion s	_	done during most of working life, even if retired) FATHER'S NAME		WHAT COUNTRY
WRITE PLA WITH UNFADING INK. Every item of information should be complete is especially invortant. Physicians: please write the causes of death clearly and left	15 (Ya	- WAS DECEASED EVER IN U. S. ARMED FORCEST , DO O'T UNKNOWN) (If yes, give war or dates of service) SECURITY NO.	audrey Florence Hart	ORESS .
	-	3233M1 No.	mother 45-29	Pidge BHO
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		injury or complication which caused death.) DUE TO		
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		n. WHILE AT NOT WHIL AT WORK 22. I hereby certify that I attended the deceased from.		that I last saw th
		deccased alive on 5-14, 19 Frand that death occur	urred at tan, from the causes and on the	date stated above 23c. DATE SIGNED
W See	24 TIO	M. D. A. BURIAL, CYEMA- IN, REMOVAL (Specify) M. D. 24C. NAME OF CEMET	ERY OR CREMATORY 240. LOCATION (City, town, or KINS MEDICAL SCHOOL MAY 1 6 1952	county) (State)
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		Vs 150	Per Character	

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before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

ONSET AND DEATH

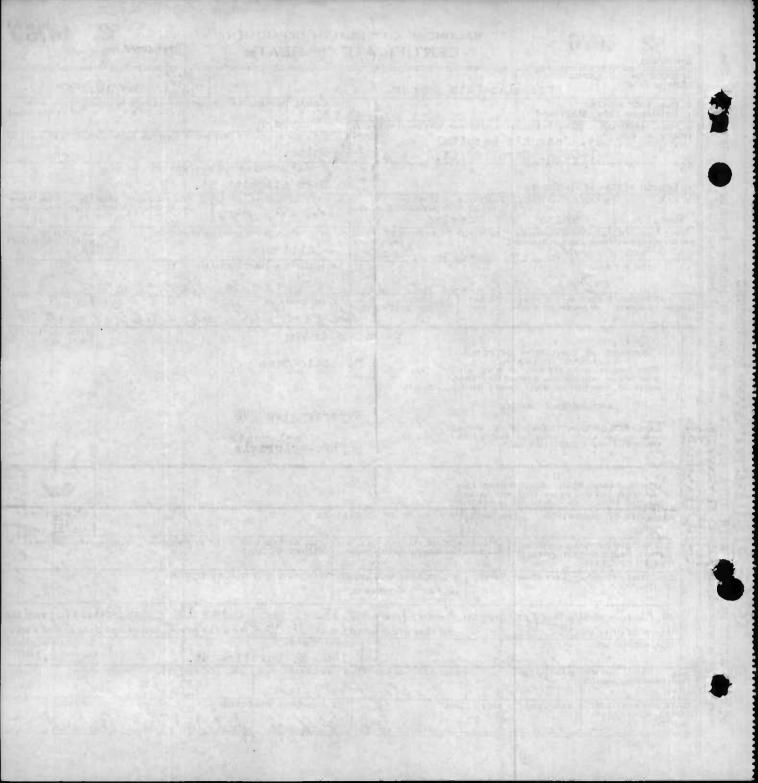
20. AUTOPSY

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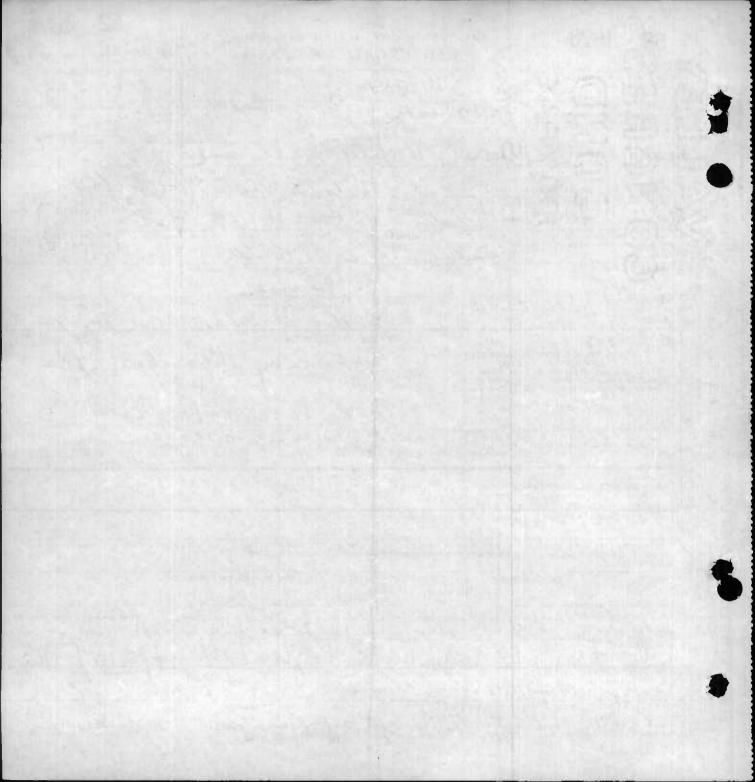
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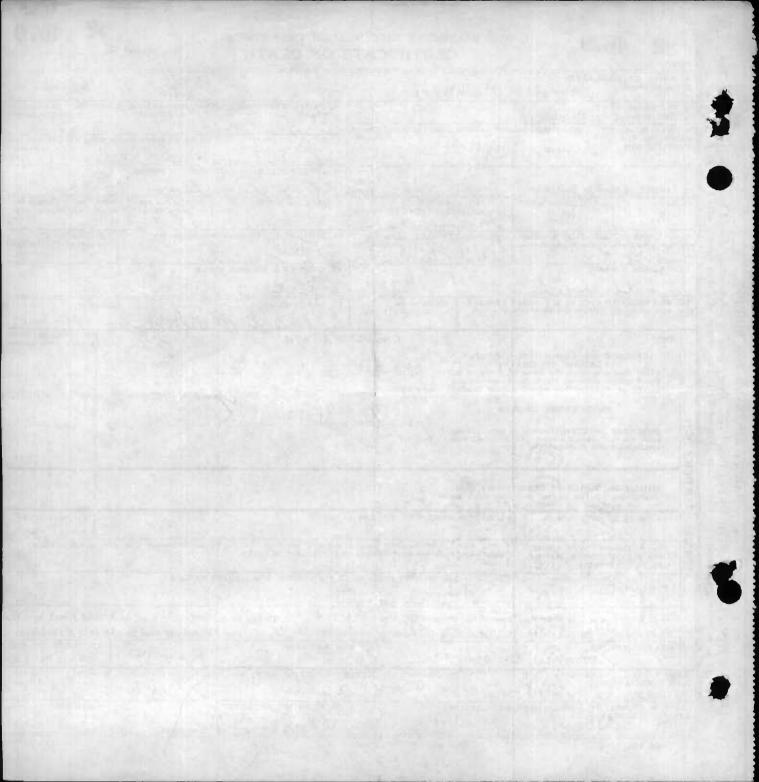
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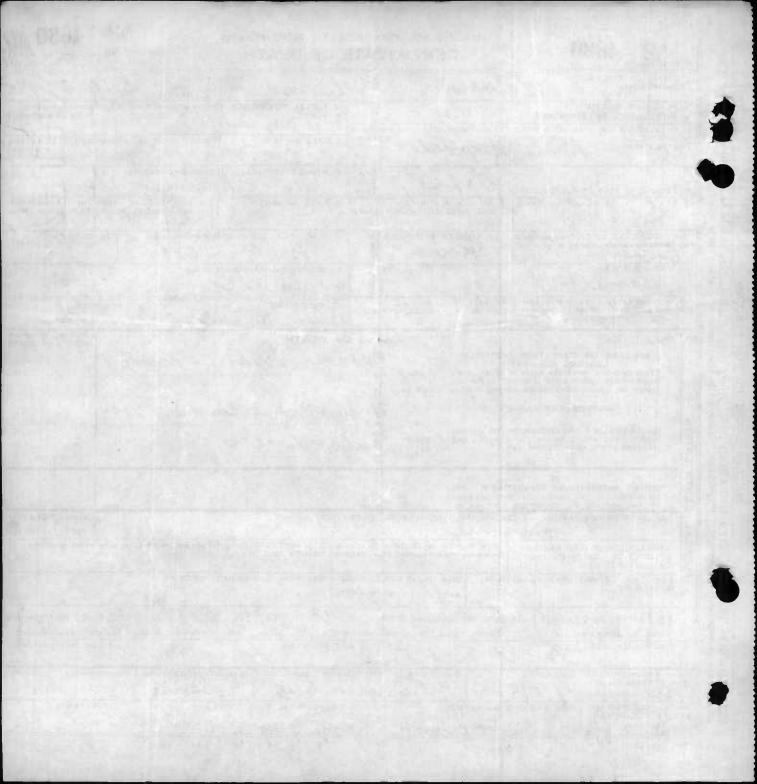


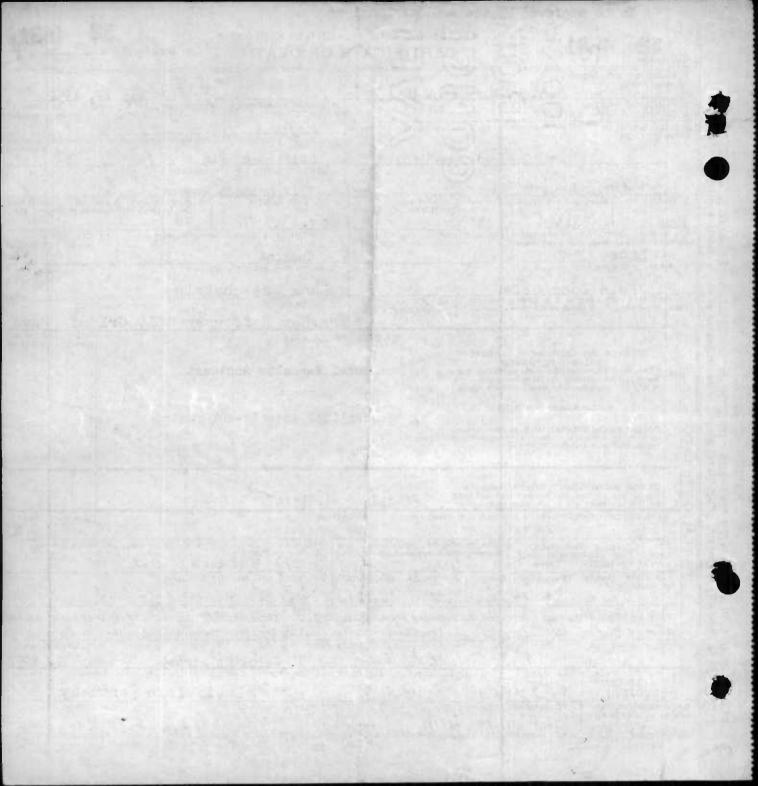
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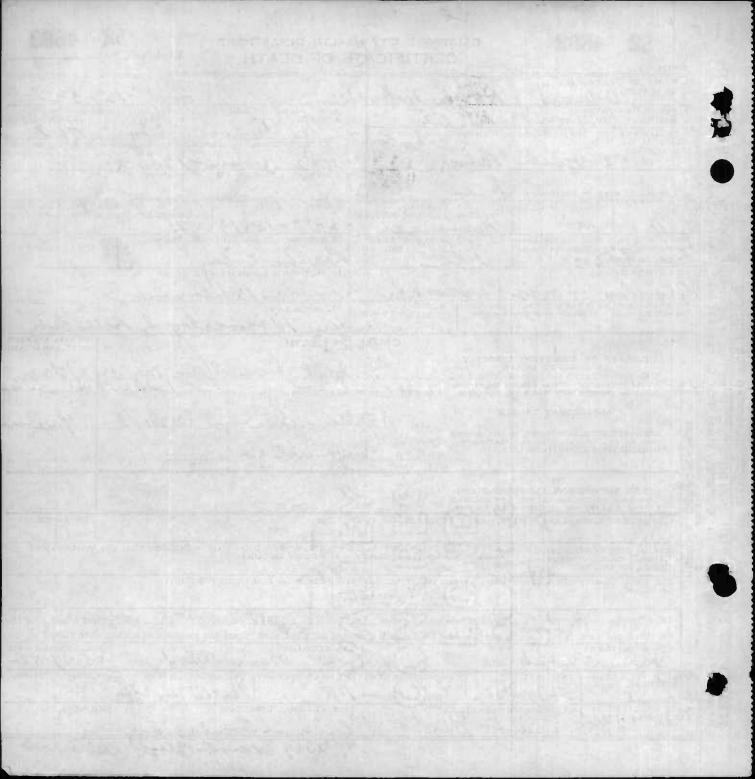


BALTIMORE CITY HEALTH DEPARTMENT 4680 Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE Leibowit 5.17.52 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION (M rural, give location) Yrs. D. STREET ADDRESS. Mos. should be early and leg c. Length of stay in Baltimore Days Il Under 24 Hours 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In ears Il Under 1 Year 7. SINGLE, MARRIED last birthday) Months: Days Hours Min. WIDOWED DIVORCED (Specify) early 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work dope during most of working life, even if retired) INDUSTRY information s of death cle wilry 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME sarne BINDIN 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO causes of INTERVAL BETWEEN CAUSE OF DEATH 18. 11 item ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY. the LEADING TO DEATH
(This does not mean the mode of dying, e.g., Every RESERVED te heart failure, asthenia, etc. It means the disease, Hypertensive cardis - vos-cular disease injury or complication which caused death. DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ... ī OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION WITH EDICAL portant. one YES 21c. WHERE DID (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE AT WORK 19 52 that I last saw the 19 5 to 22. I hereby certify that I attended the deceased from RITE is esp 19 5 2 and that death occurred at deceased alive on m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA 24C. NAME OF CEMETERY OR CREMATORY 24B DATE TION REMOVAL (Specify) su w ADDRESS DATE RECEIVED BY SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

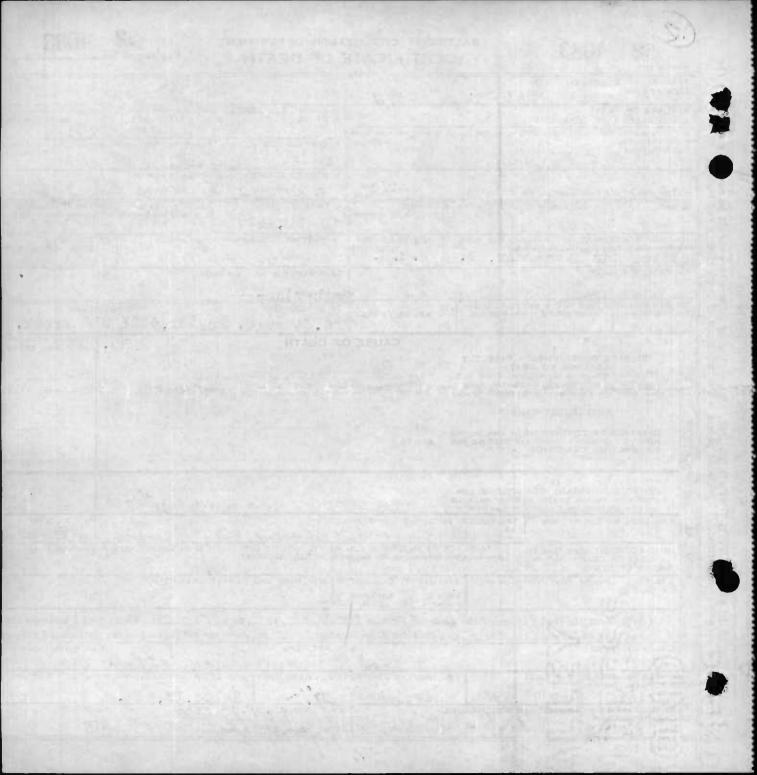




BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATHS -/5 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give treet address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate inits, write RURAL and give INSTITUTION 1122 Yrs. O. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE INGLE, MARRIED 9. AGE (In years | 1 Under | Year | 1 Under 24 Hours | last birthday) | Months; Days | Hours; Min. IDOWED, DIVORCED (Specify) IOA. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work down during most of working life, even if retired) INDUSTR WHAT COUNTRY? information death (R) 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SOCIAL (Yes, no or nnknown) causes 18. item DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFAD... Physicians: UNDERLYING CONDITION LAST. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-NF TRIBUTING TO THE OEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. s., in or 21c, WHERE DID 21A. ACCIDENT WAS UNDER. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT PLA eciall . 1952 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 5-15 , 1952, and that death occurred at 8 . m., from the causes and on the date stated above. 23m. SIGNATURE 23c. DATE SIGNED colum P. BURIAL, CREMA-REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS VS 150



4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give ADDRESS / (If rural, give location) 9. AGE (In years) Il Under 1 Year last birthday) | Months; Days | Hours : Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ADDRESS Irs. James M. Snyder, 4221 Old Fredk. INTERVAL BETWEEN RD. ONSET AND DEATH 20. AUTOPS (If in Baltimore City give exact location) may 15, 195) that I last saw the deceased alive on May 15, 1952, and that death occurred at 9:15q.m., from the causes and on the date stated above. 23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) ADDRESS



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1	59 A684 BALTIMORE CITY HEALTH DEPARTMENT	4684
	CERTIFICATE OF DEATH Registered No	
	NAME OF DESTACED	111
(2	Type or Print) ASSUNTA LA MICCI DEATH 19	52
A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or MARY) ### PYCAND	tution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR 10 87 ELLI COTT location OSPITAL OR 10 87 ELLI COTT C. CITY OR TOWN (If outside corporate limits, wr	
	DRIVEWAY BALTIMORE 16.	07 township)
C	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 1087 Ellicott Drive W.	AY
	SEX SCORES - SACRES SAC	111
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wor	rk done during most of working life, even if retired)	CITIZEN OF WHAT COUNTRY?
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1	3. FATHER'S NAME	
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(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? os, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 17. INFORMANT CLEM LARICE: 17. INFORMANT CLEM LARICE: 18. CLEM	ess
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	(This does not mean the mode of dying, e. g., heart faiture, asthenia, etc. It means the disease,	84RS
	injury or complication which caused death.) DUE TO	
7	ANTECEDENT CAUSES (B) ARTERios cleritic Heart	8 YPS
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO DI SEA-SE	······································
AT	UNDERLYING CONDITION LAST.	
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RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-	
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
1	19a, DATE OF OPERATION 19a MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
AL		YES NO NO
IEDICAL	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) 21B. PLACE OF INJURY (e. g., in or large property) About home, farm, factory, street, office bidg., etc.) INJURY OCCUR?	exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	W-11-11-11
	OF INJURY WHILE AT NOT WHILE MORK AT WORK	
	22. I hereby certify that I attended the deceased from MAY 16, 1952, to 1444/6, 1953, the	at I last sam the
	deceased alive on MAY 16, 1952, and that death occurred at 12.20 Pm., from the causes and on the de	
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DATE RECEIVED BY LOCAL REGISTRAR MAY 1 9 1952

May 20/52 New Cathedral

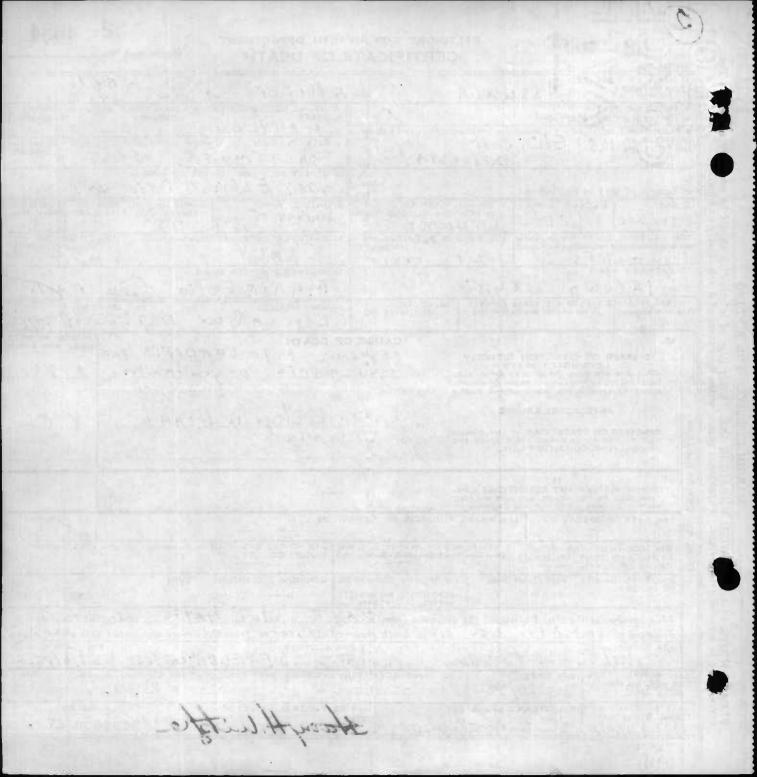
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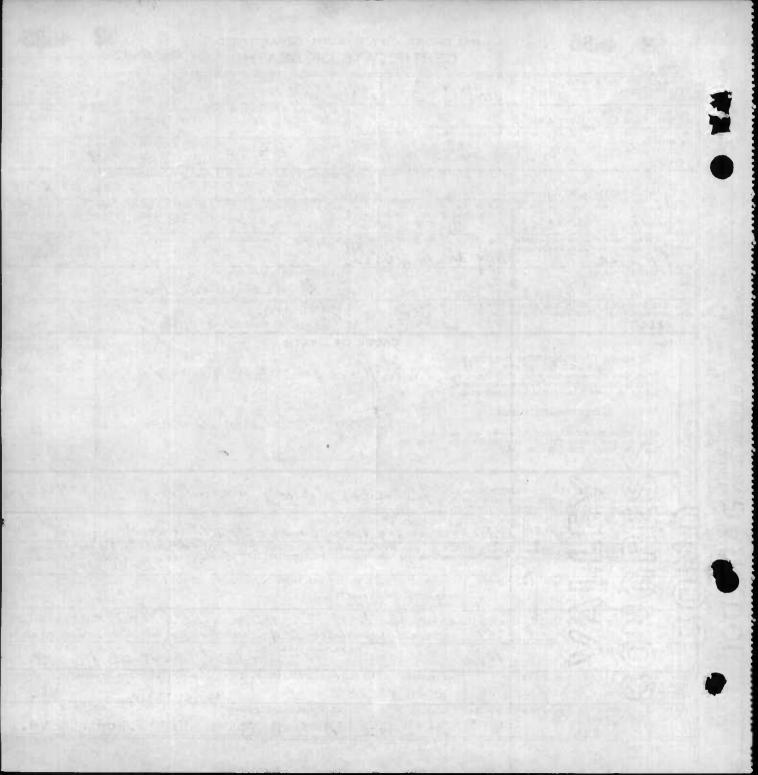
24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY Baltimore 29, Md.

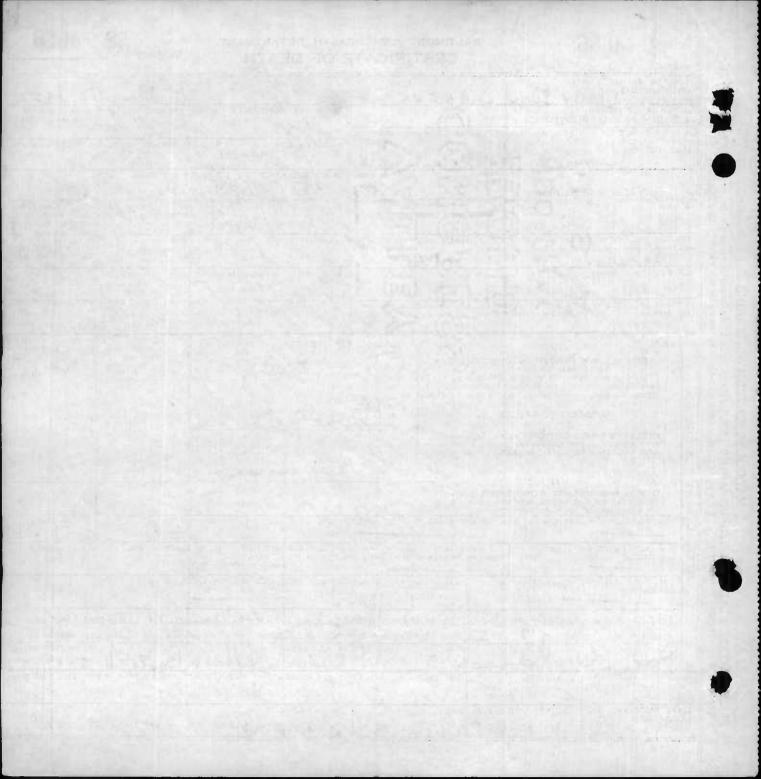
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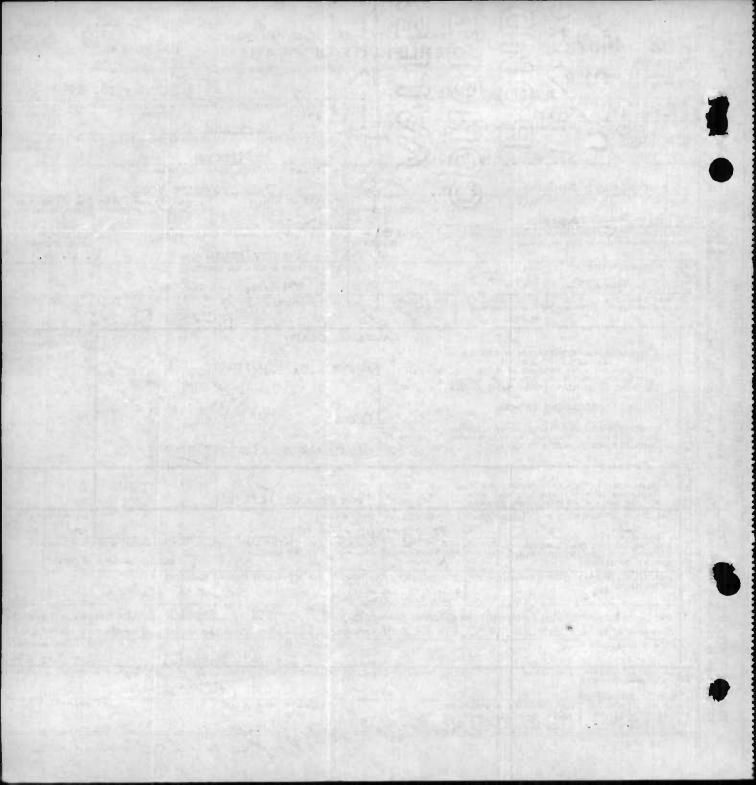
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VS 150









24c. NAME OF CEMETERY OR CREMATORY

SIGNATURE

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24A. BURIAL, CREMA-TION, REMOVAL (Specify)

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LOCAL REGISTRAR

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25. JUNERAL DIRECTOR

24D. LOCATION (City, town, or county)

ADDRESS.

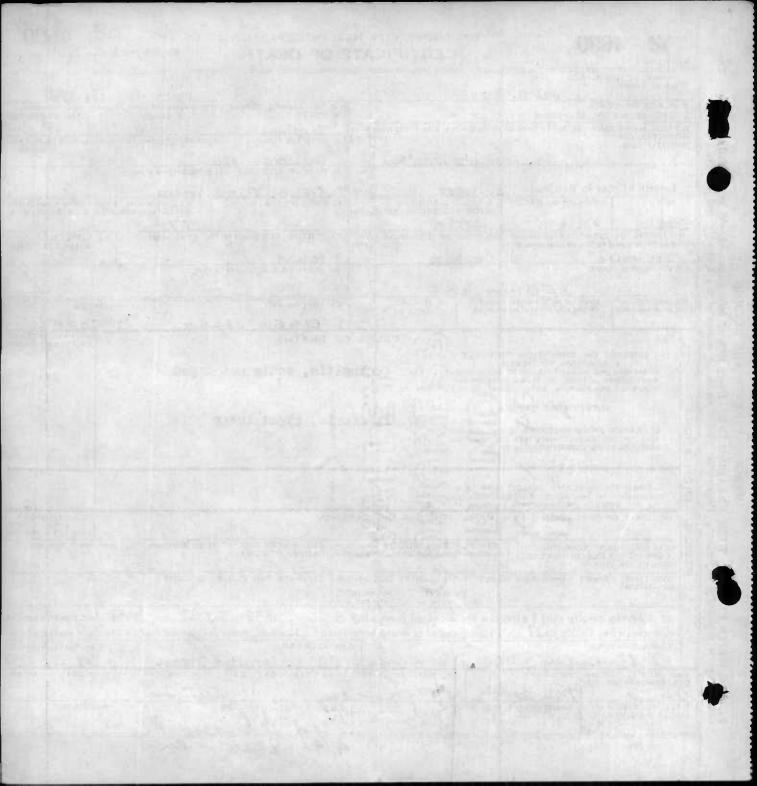
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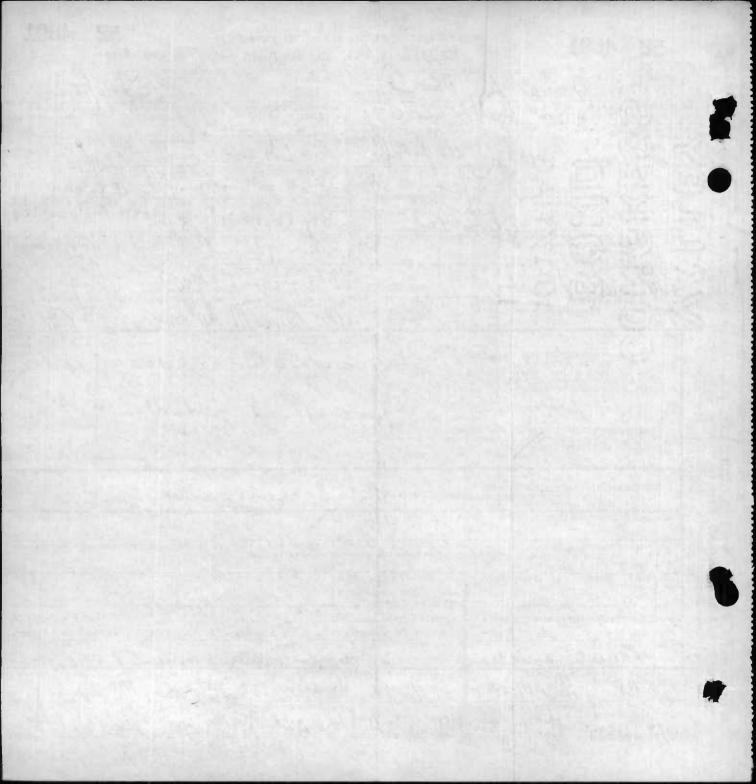
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	4689	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	4000	CERTIFICA	TE OF DEATH	Registered No.	
1. NAME OF (Type or Prin	DECEASED MOZZI'S	Schneider		DATE OF 18 May 152	
A. Baltimor	e City, Maryland	V	4. USUAL RESIDENCE (When	re deceased lived. If institution : residence B. COUNTY before admission	
B. FULL NATHOSPITAL O	OR	oital or institution, give street address locati		side corporate limits, write RURAL and g	
LWA	11 0		c Bothmol	27-16 townsh	
c Length	of stay in Baltimore	40 Me. Mo	08. 11/2 0 P.	al, give location)	
5. SEX	6. COLOR OR RACI		8. DATE OF BIRTA 9	AGE (In yours II Under I Year II Under 24 Hours M 73	
10A. USUAL	OCCUPATION (Give kind	of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or forely		
ork done during	post of working life, even if retire	d) grover-		WHAT COUNTS	
13. FATHER	S NAME	0 (1)	14. MOTHER'S MAIDEN NAM	E	
16 WAS DEC		ED FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS 4021	
(Yee, no of unkno	own) (If yes, give war or da	security No		erder Bonner A	
	30人		E OF DEATH	INTERVAL BETWE	
	EASE OR CONDITION LEADING TO DE. does not mean the mode	ATH C.	bares hurid bear	Leve 6 dass	
heart f	ailure, asthenia, etc. It me or complication which	eans the disease,			
	ANTECEDENT CAL	JSES 14	676	2	
	SES OR CONDITIONS.		jovana		
	RLYING CONDITION		y wid adenous		
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUT	TING TO THE DEATH, BU' E DISEASE OR CONDITION	T NOT RELATED			
1 19A. DAT	E OF OPERATION	198. MAJOR FINDINGS OF OF	PERATION	20. AUTOPSY	
¥	0			YES NO	
21A. AC	CIDENT WAS UNDER. OF CONTRIBUTING		g., in or 21c. WHERE DID (If in INJURY OCCUR?	PES NO n Baltimore City, give exact location)	
21A. AC LYINGE CAUSE	OR CONTRIBUTING OF DEATH E (Month) (Day) (Yea	about home, farm, factory, street, office blur) (Hour) 21E. INJURY OCCU	RRED 21F. HOW DID INJURY O	Baltimore City, give exact location)	
21A. AC LYINGE CAUSE O 21D. TIM OF INJU	OF CONTRIBUTING OF DEATH E (Month) (Day) (Year	about bome, farm, factory, street, office blur) (Hour) 21E. INJURY OCCU WHILE AT NOT WE AT WORK AT WORK	RRED 21F. HOW DID INJURY O	Baltimore City, give exact location)	
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BALTIMORE CITY HEALTH CERTIFICATE OF DEATH

52	4692
Registered No	ZUUZ

ADDRESS

BIRTH NO.	
1. NAME OF DECEASED Many Weras	n Tehle OF May 16/52
3. PLACE OF DEATH: A. Baltimore City, Maryland 18 M Luserne	A. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admissi
B. FULL NAME OF (If not in hospital or institution, give street address HOSPITAL OR location	
INSTITUTION	on) c. CITY OR TOWN (If outside corporate limits, write RURAL and stowns)
Yrs	s. D. STREET ADDRESS (If yeal, give location)
c. Length of stay in Baltimore Lefe Day	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speci	8. DATE OF BIRTH AGE (In years If Under I Year If Under 24 H
10A. USUAL OCCUPATION (Give kind of vork done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTI	
13. FASHER'S NAME O Wessen	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO	17. INFORMANT KARLING ADDRESS
18. 097 X. CAUSE	E OF DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DE.
(This does not mean the mode of dying, e.g., (A)	cute Hepatitis 5 mos
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
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RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	house arthrete; Deferman 30 y
OTHER SIGNIFICANT CONDITIONS CON-	
TO THE DISEASE OR CONDITION CAUSING IT.	
198. MAJOR FINDINGS OF OP	PERATION 20. AUTOPSY YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. 1 about home, form, factory, street, office ble	g., in or 21c. WHERE DID (If in Baltimore City, give exact location)
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP	RRED 21F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHI	ALE RK
22. I hereby certify that I attended the deceased from	
deceased alive on may 16, 1952 and that death oc	ceurred at 9:45 Am., from the eduses and on the date stated abo
23A. SIGNATURE DEP D	23B. ADDRESS 23c. DATE SIGN
24A. BURIAL, CREMA-1, 24B. DATE , 24C. NAME OF CEME	ETERY OR CREMATORY 240, LOCATION (City, town, or county) (Sta
TION, REMOVAL (Specify)	Chamber 1 Dan 1 14 Com

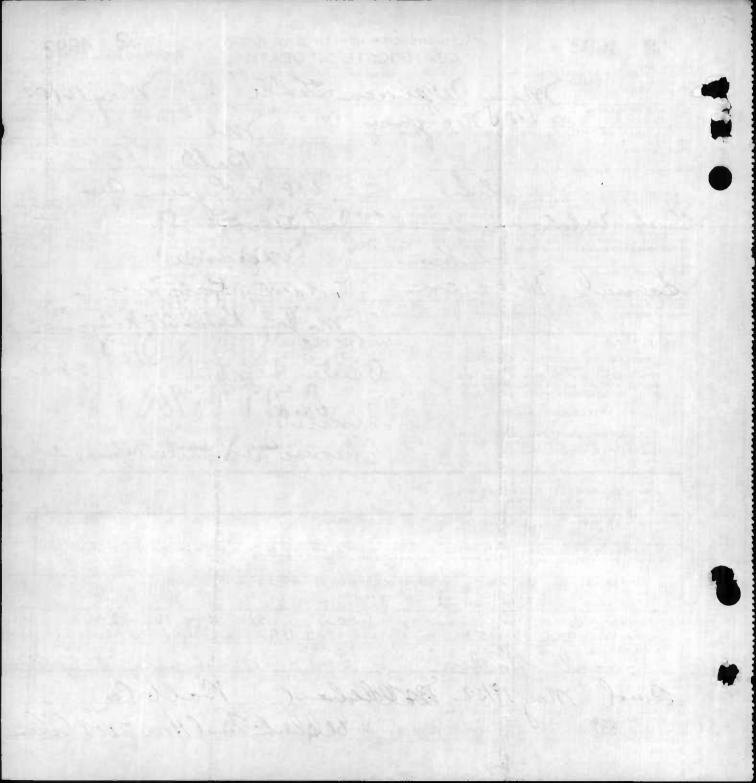
25. FUNERAL DIRECTOR

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REGISTRAR'S SIGNATURE



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	52	4693

52	4693
istered No	2000

	52 RTH NO.	4693		CERTIFIC	CATE	OF DEAT		Registe	red No.	40	33
1.	NAME OF D	ECEASED 4	· · · · · ·	40	J.	0 00		DATE OF	M.,	101	1/52
A.		City, Maryland	4	Bulley		4. USUAL RESIDE		deceased liv B. COUN			esidence admission
H	FULL NAME SSPITAL OR STITUTION	OF (If not in hos	pital or institut	ion, give street ad	dress or ocation)	c. CITY OR TOWN	(If outsi	ide corporat	e limits, wri	ite RUR/	AL and giv township
					Yrs. Mos.	D. STREET ADDRE	SS (If rural	, give locati	on)	91	
1	Length of s	tay in Baltimore	E 7. SINGLI	E, MARRIED.	Days	& DATE OF BIRTH	9.	AGE (In yes	ars If Under	1 Year B	Under 24 Hours
2	Neck	W. heto	1 226	LED, DIVORCED		11. BIRTHPLACE (S	86/	last birthda	8		
		CUPATION (Give kind of working life, even if retir		of BUSINESS	DUSTRY	O C	Perm	au)		WHAT O	COUNTRY
13	. FATHER'S	VAME	e b	/		14. MOTHER'S MA	IDEN NAME	_	140	Īn.	
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARE (If yes, give war or d	MED FORCES?	16. SOCIAL SECURITY	Y NO.	Carl Se	lande	- CK	ADDR		JC.
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	heart failu	re, asthenia, etc. It n complication which	neans the diseas	e,	0	. 0:0:0	soul	- 7			
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Σ		(Month) (Day) (Ye			OT WHILE	21F. HOW DID	INJURY OC	CUR?			
	22 I herek	ay certify that I	m.		m Oc	× 18 , 195	Oto Mas	4.17	1952 th	at I la	st saw th
	deceased a	live on May	16, 195V.	and that deat	h occur	red at 12 3 m.	, from the d	auses and	on the d	ate sta	ted abov
	23A SIGNA	TURE .	Jane	sesle.	M. D.	SHO N.	Luwo	od.	5	3c. DAT	SIGNE
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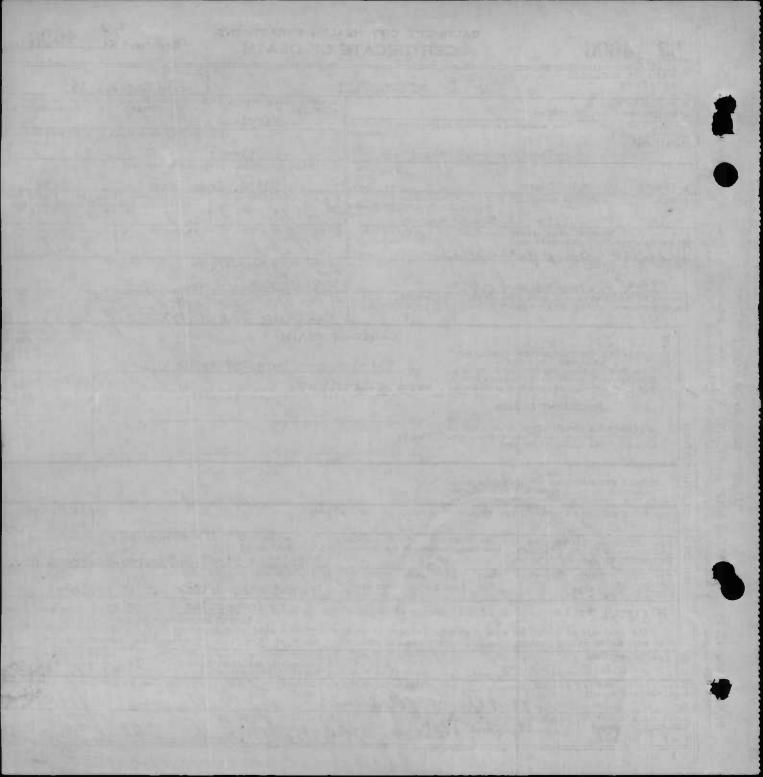
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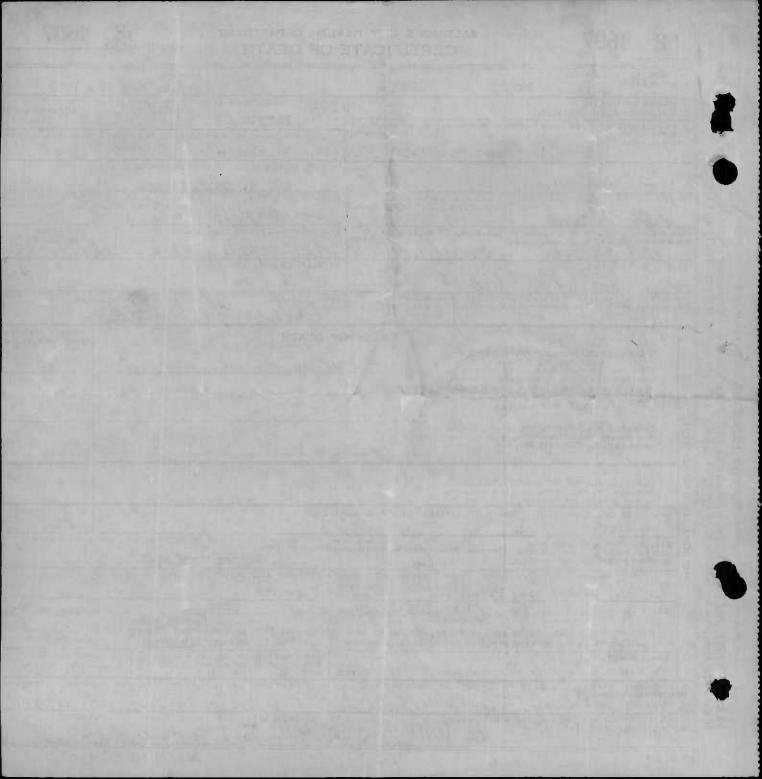
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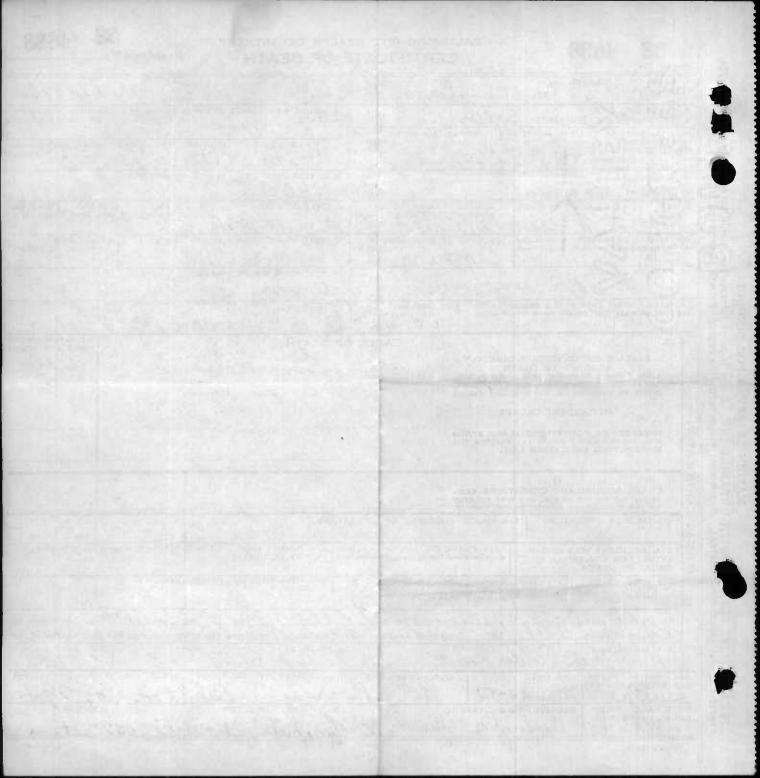
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Stan James



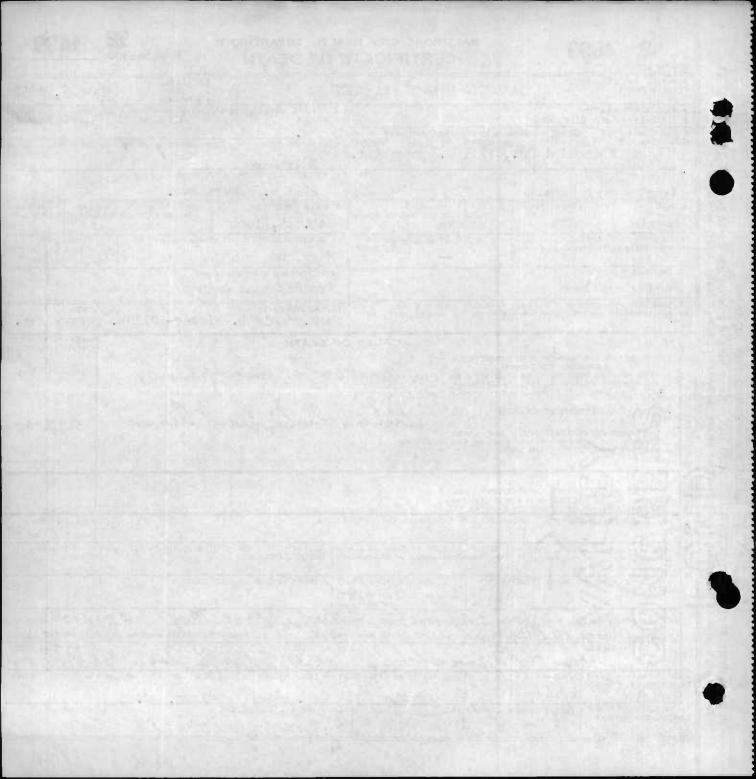


13-	10	22		
The	ВІ	52 4698 BALTIMORE CITY HEALTH CERTIFICATE OF		4698
F	1. (T	NAME OF DECEASED Josephs, Brzozowsk	1. 2. DATE OF May.	16-1952
à	Α.	Baltimore City, Maryland Balto, City A. ST FULL NAME OF (If not in hospital or institution, git street address or	SUAL RESIDENCE (Where deceased lived, If institu	tion: residence before ndmission)
ally s	H	CONTRAL OR	Balto, City 2 0	e RURAL and give township)
2 60 60	c.	Yrs. Mos. Length of stay in Baltimore Days	TREET ADDRESS (If rural kive location)	
and be	5.	Male White Marked (Specify)	ATE OF BIRTH 9. AGE (in years it under I last birthday) Months: 1	
on should clearly a	1 C worl	DA. USUAL OCCUPATION (Give kind of the done during most of working life, even if retired) A D A A D A CLOTH IMPA		ITIZEN OF VHAT COUNTRY?
G matic leath	13	Only a Kan an all la	MOTHER'S MAIDEN NAME	**
of inforuses of d	15 (Ye	5 WAS DECEASED EVER IN IL & ADMED FORCES LC COCIAL	NFORMANT ADDRE	ss loot lx
Every item of i		OCAUSE OF D DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF D (A) DUE TO		ITERVAL BETWEEN NSET AND DEATH
KESEI INK. please	CATION	ANTECEDENT CAUSES (B)		
MAKGIN UNFADING Physicians:	CERTIFIC			
HI.	CAL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
- 5	EDI		IC. WHERE DID (If in Baltimore City, give ex NJURY OCCUR?	act location)
Ah. Illy impo	Z	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK	1F. HOW DID INJURY OCCUR?	
TE PL.		22. I hereby certify that hat gettended the deceased from deceased alive on 1, 19, and that death occurred as	to m., from the causes and on the da	t I last saw the te stated above.
WRI rge is		M Foffell Jewyorth M.D. 6 4a. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMETERY OR	CREMATORY 24D. LOCATION (City, town, or obt	117/52
PLEA	D	Burial May 20-52 Holy Rosa	ry Balto. Co.	mcl.
PL	L.	MAY 19 1952 Huntington Williams Mrt. Offer	1. FiglKowski 20078	estern
		VS 150		are



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PLEAST WRI	correct

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

	52 4700 BALTIMORE CITY HEALTH DEPARTMENT Registered No.						
	NAME OF E	DECEASED				2. DATE	
(T	(Type or Print) Hannah C. Bannan OF DEATH May 18, 1952						18, 1952
Α.		City, Maryland			A. STATE	CE (Where deceased lived, If i	nstitution: residence before admission)
HC	FULL NAME SPITAL OR STITUTION	OF (If not in hospi		ion, give street address or location)	c. CITY OR TOWN	(If outside corporate lights	
	L	SONO MO	noj «±		Baltimore	10	township)
c.	Length of s	stay in Baltimore	Lifeti	Me Yrs. Mos. Days		s (If rural, give location) Royal Terr.	
5.	F.	6. COLOR OR RACE	7. SINGLE	E. MARRIED. (ED, DIVORCED (Specify)	Sept. 5, 1	1. 117 17 1 1 1 17	Under I Year If Under 24 Hours this Days Hours Min.
10 work	don Huring most	CUPATION (Give kind of working life, even if retired.	At h	INIDILOTEDIA	Baltimore	te or foreign country)	USAAT COUNTRY?
	FATHER'S	back	Bi	RRY	14. MOTHER'S MAID	Barry	
15 (Yes	NAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SØCIAL NGWETY NO.	Charles A.	Bannan 2028	Mt. Royal
	18. 44:			CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA s not mean the mode	TH	(A)	Chr. myo carde	Tie	2 400.
	heart fail	ure, asthenia, etc. It me complication which	ans the discas	e, .) DUE TO			
N	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO Artiris Schros (Simile) (C)						3/10.
CATIC	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) Artisis Selvasis (Scine)						10900
TIFI	OTHER SIGNIFICANT CONDITIONS CON-						
CER							
AL	19A, DATE	OF OPERATION	19B, MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA		DENT WAS UNDER OR CONTRIBUTING		ACE OF INJURY (e. g., is farm, factory, street, office bldg.,			ive exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR		NJURY OCCUR?	
			m.	WHILE AT WORK AT WORK			
						to, 19 rom the causes and on th	
	23A. SIGNA		brains		23B. ADDRESS		23c. DATE SIGNED
24 TIC	A. BURIAL, ON, REMOVAL (CREMA: 24B. DATE Specify)		24c. NAME of CEMETE	JE III CONTRACTOR	24d. LOCATION (City, town,	
	URTAL.	5-20-5	2 SIGNATU	New Cathedra	25. FUNERAL DIREC	Baltimore Mary FOR Evans & SON	land
LC	MAY 169	TRAR	tois 1	7 4 1	4 6 () 1	Royal Ave	
	VS 150	- O					

Dr. Abrams 1820 Eutaw Place

VS 150

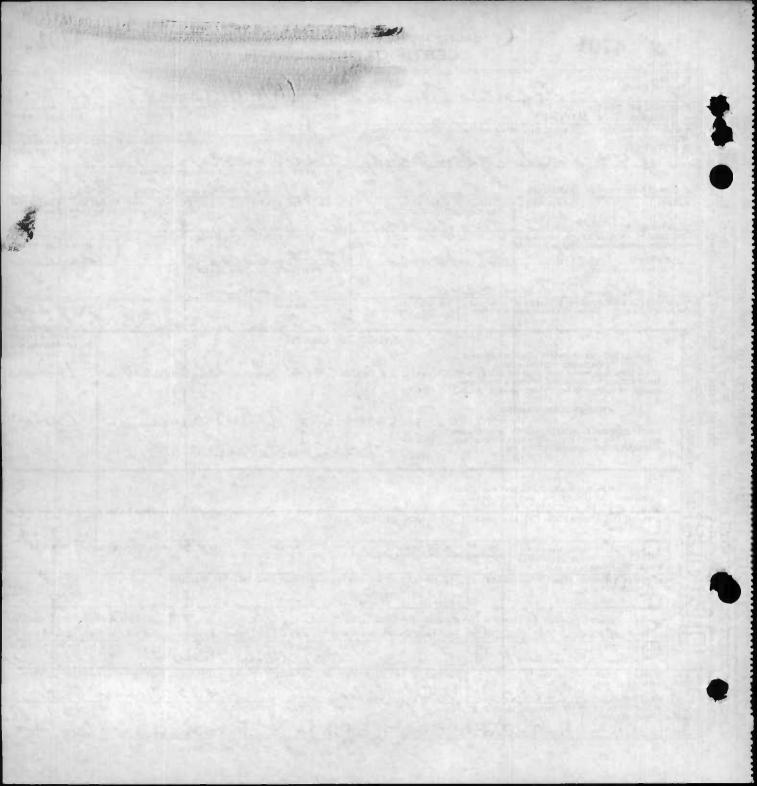
before admission)

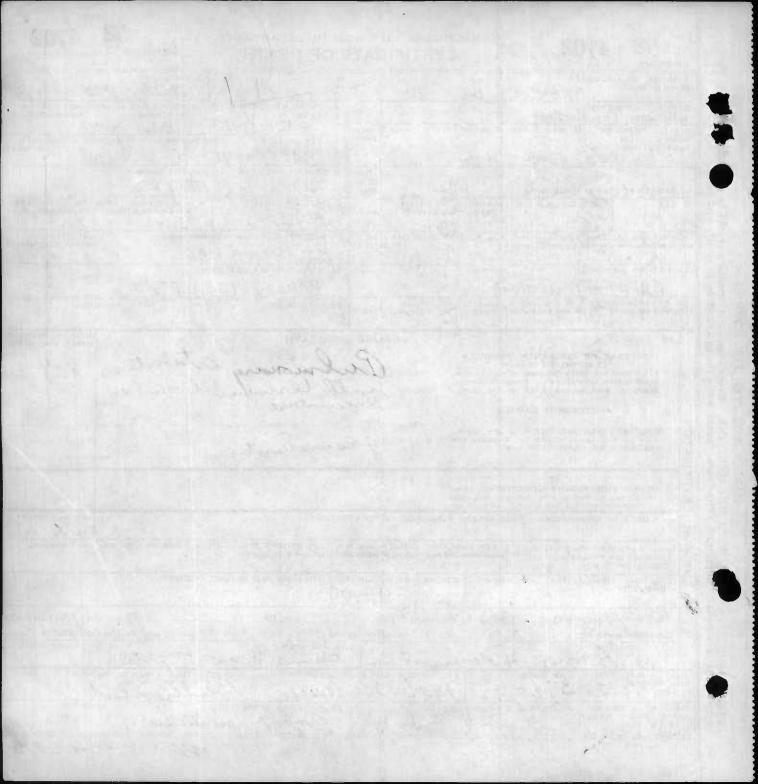
WHAT COUNTRY?

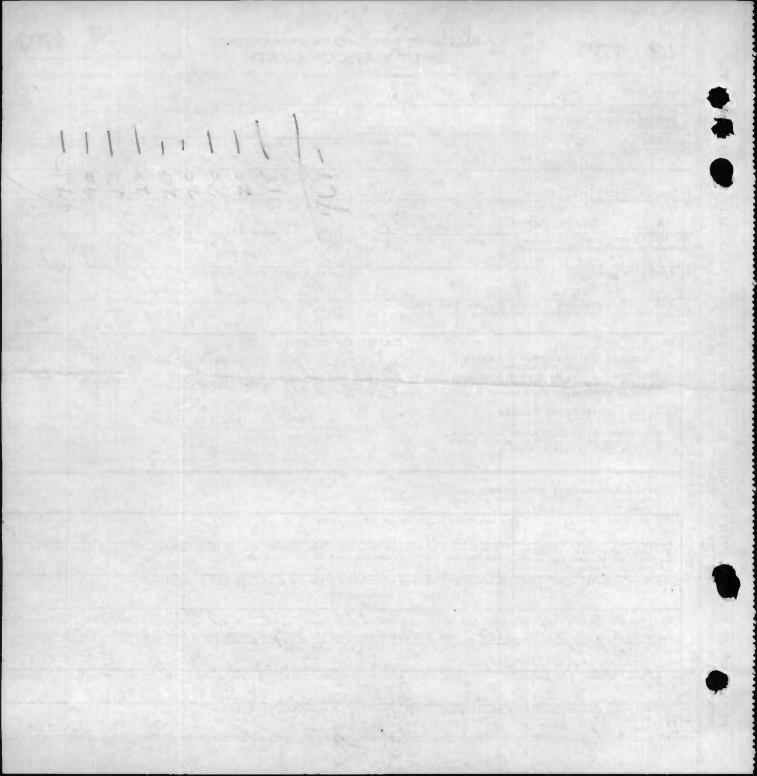
INTERVAL BETWEEN

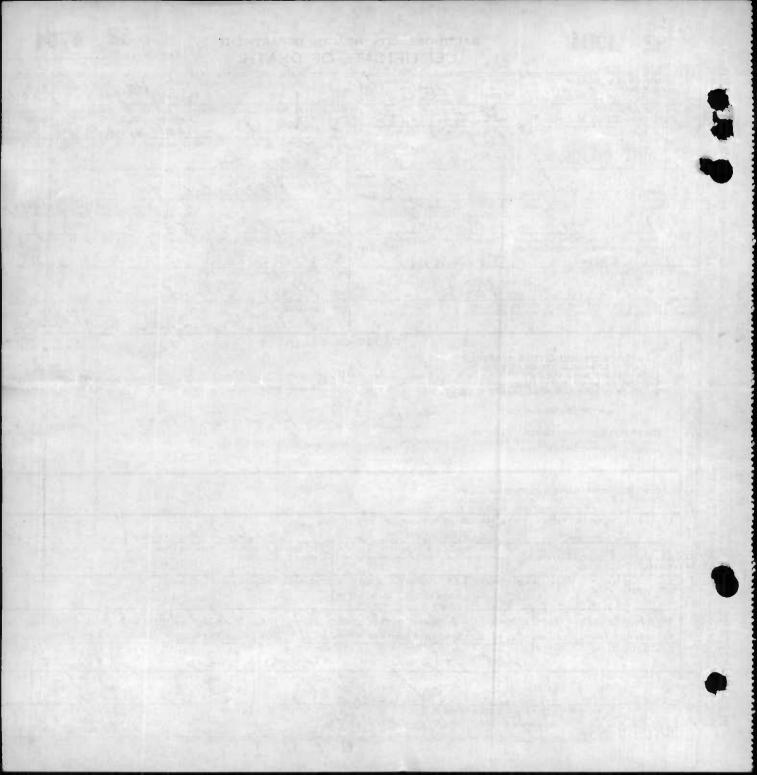
20. AUTOPSYT

23c. DATE SIGNED







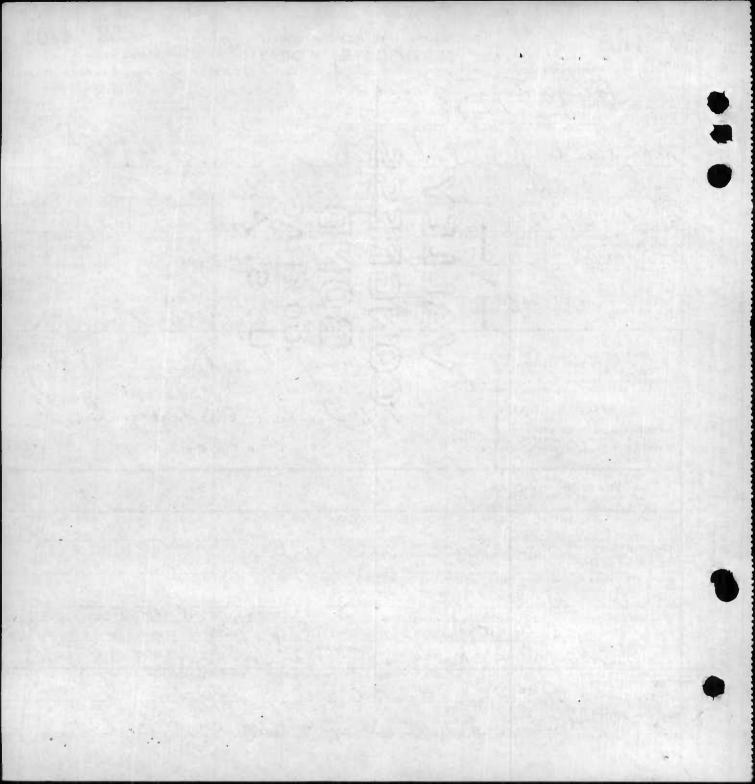


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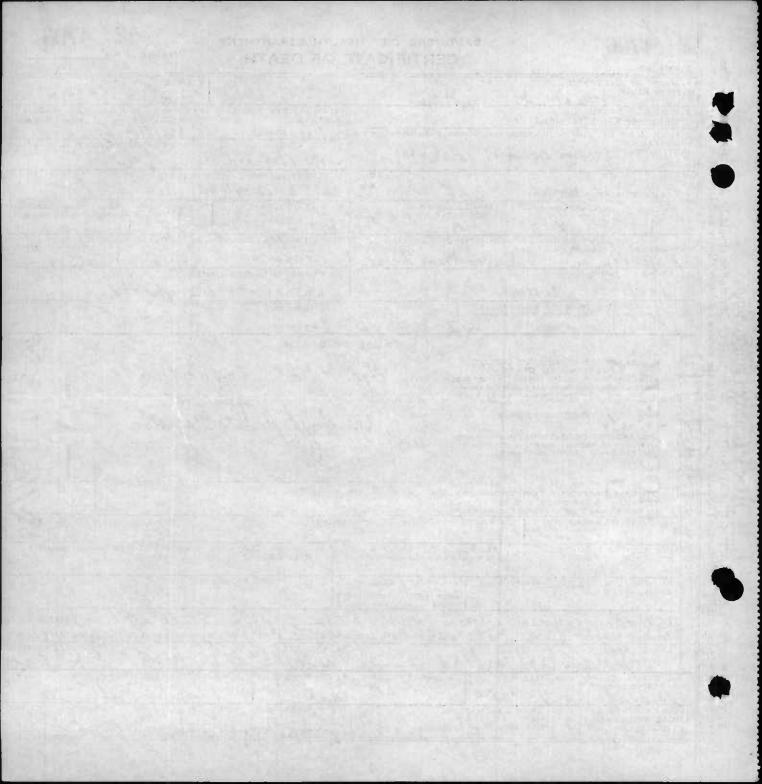
BALTIMORE CITY HEALTH DEPARTMENT

52 4706

BIRTH NO.		CERTIFICAT	E OF DEATH	2116-2116	
	F DECEASED			2. DATE OF 5	-16-52
		1. McHugh		DEATH	
A. Baltimo	re City, Maryland		4. USUAL RESIDENCE	B. COUNTY	before admission
B. FULL NA	ME OF (If not in hosp	ital or institution, give street address of		Baltim	ore 1
HOSPITAL	OR M.	location	C. CITY OR TOWN	If outside corporate line	its, write WRAL and giv
	ON Union Mem	ional Hospital	Baltimore	1/	township
		Yrs.	D. STREET ADDRESS ()	f rural, give location)	
	of stay in Baltimore	Mos. Days			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	H Under 1 Year If Under 24 Hour fonths Days Hours Min
M	W	M	Dec. 2 . 1883	68	
10A. USUAL	OCCUPATION (Give kinds	1 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF
-	most of working life, even if retired	Way Would	Maryland		WHAT COUNTRY
13. FATHER		and on the worker	14. MOTHER'S MAIDEN	NAME	USA
		- h		-	
	rence McHo	1	Catherine	Daughert	×
Yes, no or make	EASED EVER IN U.S. ARMI	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		212-32-1340	Same		
18.4:	20.1	CAUSE	OF DEATH		INTERVAL BETWEE
	SEASE OR CONDITION				ONSET AND DEAT
(This heart	LEADING TO DE does not mean the mode failure, asthenia, etc. It me or complication which	ATH of dying, e.g., eans the disease,	cardial In	farction	
RISE	ANTECEDENT CAL ASES OR CONDITIONS, TO THE ABOVE CAUSE (A ERLYING CONDITION	IF ANY, GIVING	ist of filler	MCClip.	
2	11	(C)			
	ER SIGNIFICANT CON				
	ITING TO THE DEATH, BU HE DISEASE OR CONDITION				
19A. DA	TE OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
<u> </u>					YES NO
HOMICI	CIDENT, SUICIDE. DE (Specify)	21B. PLACE OF INJURY (e.g., aboot home, farm, factory, street, office bldg.		(If in Baltimore City,	give exact location)
21D. TIN	ME (Month) (Day) (Yea	r) (Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJU	RY ØCCUR?	
OF INJU	JRY	WHILE AT NOT WHILI			
		m. WORK AT WORK		5-11	77 .7 . 7 7
	ereby certify that I a	300,000,000			2, that I last saw th
		1952, and that death occu		the causes and on	
23A. SIG	SATURE (Widnes	MAM MIMM	Al Aron.	5-16 SIGNER
244 BURI	AL. CREMA- 24B. DATE	24c. NAME OF CEMET	ERY OF CREMATORY 24n	LOCATION (City, tow	n, or county) (State
24A. BURI	AL (Specify)	1 1 11	10	13 st 2	11-1
/sur-		0/52 Cathe		1 Dak/o, 14	ADDRESS.
DATE RECE		glow Wayay Mis	25. FUNERAL DIRECTOR	17 St. Pan	ADDRESS
				1	

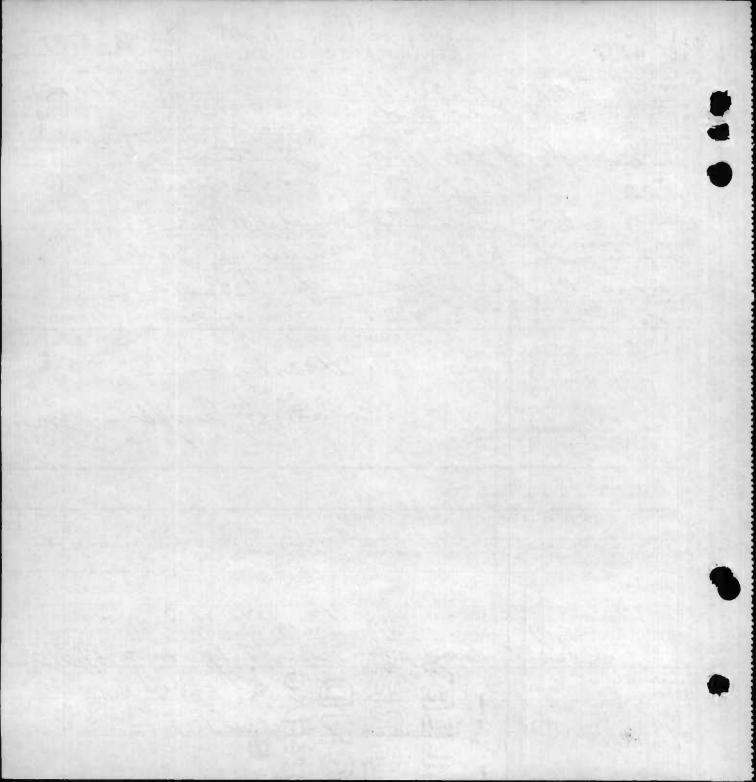
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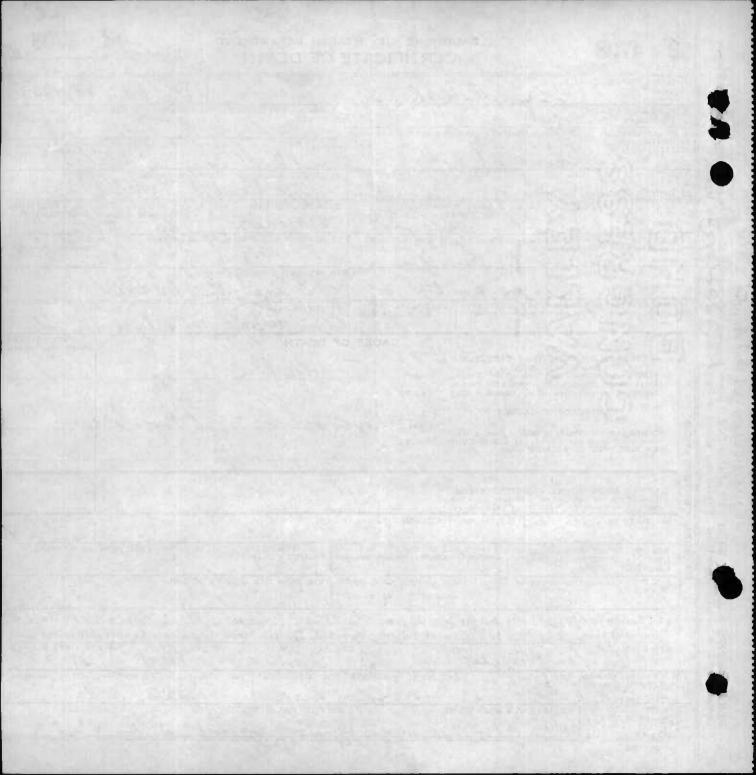
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before ad (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate Maits, write RURAL and give INSTITUTION Yrs. ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE SINGLE, MARRIED If Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify last birthday) Months Days Zuam 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? information s mochen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO of INTERVAL BETWEEN 18. CAUSE OF DEATH y item ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Ever heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING CATIO RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ADING UNFADING Physicians: (C) RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. O 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT portant. CA YES 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-Ö about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2.1F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK AT WORK 19520 195 Hhat I last saw the 22. I hereby certify that I attended the deceased from deceased alive on 5 /17 1952, and that death occurred at 6 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-24B. DATE 24C. NAME OF CEMETERY OR GREATERY LOCATION (Oity, lown, or county) wicas DATE RECEIVED BY REGISTRAR'S SIGNATURE DIRECTOR ADDRESS REGISTRAS VS 150

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Å.	5 BI	2 470 RTH NO.	8		ВА	CERTIF				Regis	52 stered No.	47	208
		NAME OF D 'ype or Print)	ECEAS	ED LEWI	SV	KURT	Z			2. DATE OF DEATH	May	17,	1952
è		PLACE OF DE Baltimore C		Iaryland				4. USUAL RE	SIDENCE (residence e admission
b.	B. H(FULL NAME OSPITAL OR ISTITUTION			al or institu	tion, give street a	3 42 1	c. CITY OR TO	DWN / SIE	outside eorpor			AL and giv
= .		38	1	mirele	sely			19	alter	wel	11-	07	township
es legna	c.	Length of s	tay in	Baltimore	/		Yrs. Mos. Days	O. STREET AD	tamo	rural, give loca	olet		
uld be	5.	male	6. COL	White	WIDOV	E. MARRIED. VED DIVORCEI	(Specify)	9/2/18	1865	9. AGE (in last birth	day) Month		lf Unds: 24 Hous Hours Min
NG rmation should be ca death clearly and leg	10 worl	A. USUAL OC	CUPAT	ION (Give kind of slife, even if retired)		OF BUSINES		11. BIRTHPLA	CE (State or f	oreign country) 12	CITIZE	N OF COUNTRY
atio	13	FATHER'S	IAME	1		701		14. MOTHER'S	MAIDEN N	AME) /	1	w
VDING information of death cl	-			Lewe	o Ku	utz		Eli	sabets	tla	Ker		
BINDIN of infor	(Ye	. WAS DECEASE s, no or naknown)	D EVER	IN U, S. ARMEI	FORCES?	16 SOCIAL SECURIT	Y NO.	dwin W	right.	420 Da	ADD	RESS	Rel
	П	18. 490	X	1		C	AUSE O	F DEATH	,			INTERVA	L BETWEEN
FOR item			LEAD	CONDITION	TH		-	Tali				-	7
. 2.		heart failu:	re, asth	ean the mode o enia, etc. It mea eation which c	ns the diseas	se.		Upcas		••••••			•••••
				EDENT CAUS		a.) OUE 10	0		-	1111	,		
RESERVED FINK. Ever please write	NO			ONDITIONS, II		(B)	Val	work	19-6	ft low	466	2	••••••
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RGIN ADING icians:	FIC/					(C)				•••••••••••••••••••••••••••••••••••••••			
MARGIN UNFADING Physicians:	ERTIF	TRIBUTING	TO TH	CANT CONDI	NOT RELAT	FD							
	U	19A. DATE O		OR CONDITION RATION 1		FINDINGS C	F OPERA	TION				20. AL	UTOPSY?
ITH int.	Y AL											YES	NO I
, WITH	MEDICA		CONT	AS UNDER-	21B. PL about home,	ACE OF INJUR farm, factory, atreet,	Y (e. g., in o	21c. WHER		If in Baltimor	e City, give	e exact lo	cation)
A	-	21D. TIME (Month)	(Day) (Year)	(Hour)	21E. INJURY		21F, HOW	DID INJUR	Y OCCUR?			
PLA. ecially					m.	WHILE AT WORK	AT WORK],		/			
				7 . 12		deceased fro			912, to	5/17			st saw th
RITE is esp		deceased al		2/11	_, 19_72_	and that dear		ed at 3	m., from t	he eauses ar			ted above
WRI e is		237.310147	77	ungen	Seld	er	M. D.	Uni	verse	to Hos	p	5/1	7/52
40	24 Tit	A. BURIAL, C	REMA-	24B DATE	1	24c. NAME of	CEMETER	Y OR CREMATO	DRY 240. L	OCATION (CI	ty, town, or	eounty)	(State)
EA		Buria	R	3/20	152	da	nden	· Park	31 4 == 1	Balto	s. Ma	d.	
PLEA	L	ATE RECEIVED CAL REGISTI MAY 1 9 1	RAR	REGISTRAR'	SIGNATI	JRE ///	2	5. FUNERAL	DIRECTOR		A	DDRESS	4
		$M\Delta Y 1 + 1$	957	· Juning	rove //	Ille atitle A . A	1 4	119 200	Yeurs /	21755	Beer	1 15	-

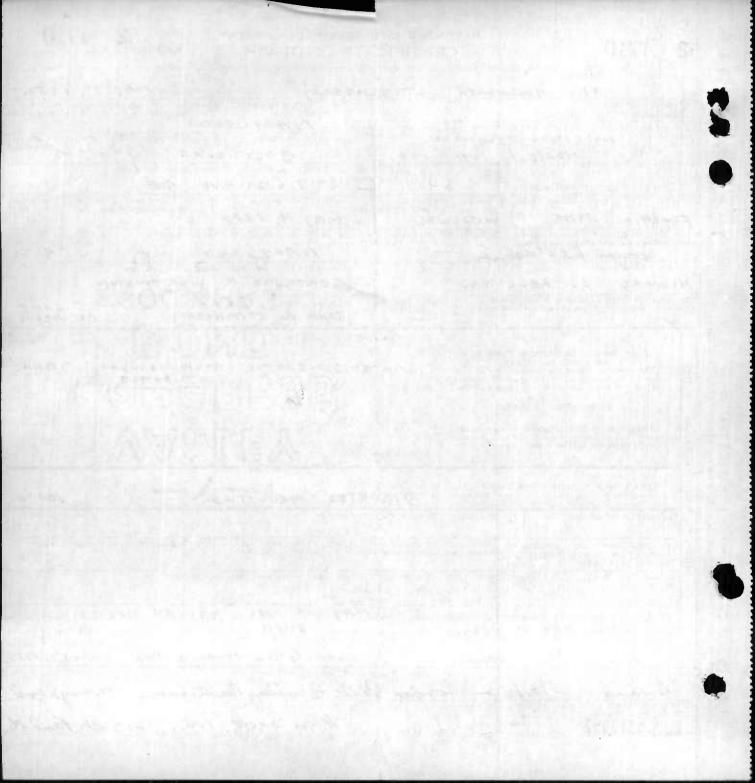


The	623 BALTIMORE CITY HEALTH DEPARTMENT ES BIRTH NO. CERTIFICATE OF DEATH Registered No.	4709
	1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH 5-/8 3. PLACE OF DEATH: (Where deceased lived, If ins	
	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, years)	before admission)
ully.	INSTITUTION Servai Hospital Yrs. D. STREET ADDRESS (If rural, give location)	(ayhship)
legrol	c. Length of stay in Baltimore Days 15 Esson ST.	
IDING information should be of death clearly and	M WIDOWED, DIVORCED (Specify) 8/31/12 last hirthday) Month	
on she	Michanic Talland Copper of Balto Md	CITIZEN OF WHAT COUNTRY1
NG ormati death	13. FATHER'S NAME On thus H. Wright Com Man Annie Goodling	
of ses	(11 yes, give war or dates of service) SECURITY NO. Dorothy M. Wright 1615 Es	AOA ST.
ARGIN RESERVED FOR I FADING INK. Every item sicians: please write the cau	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH Ant April Print Presume. (A) Ant April Print Presume. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Meningioma, left fronto-parieto-temp	onset and death
MARGIN UNFADIN Physicians	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NDT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	,
₩.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 5-17-52 Ventaicular left Punctume Neg.	20. AUTOPSY7
, WIT	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. About home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	e exact location)
lly l	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	
WRITE PL.	deceased alive on 5-17-52, 19-, to 5-18-52, 19-, to deceased alive on 5-17-52 and that death occurred at 250 cm., from the causes and on the	date stated above
WRIT ge is	Helle M.D. Devas Flo pelas	3-18-52
Para	24a. BURIAL, CREMA- THON. REMOVAL (Specify) 5/21/52 Par Kwood Parkorlle	county) (State)
PLE	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAY 1 9 1957 Huntington William Control 1217 St. Rend	DDRESS
	February Grandles of 5543E	

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PLEATE WRITH	corre	

MARGIN RESERVED FOR BINDING

11 -			
17	BALTIMORE CITY HE	EALTH DEPARTMENT 52	1750
52	A'710 CERTIFICAT		4/10
	NAME OF DECEASED ype or Print)	2. DATE	
	MARY AINSWORTH STITCHE	SERRY DEATH 1777	
3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If insti	tution: residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or		
IN	SPITAL OR HOSPITAL for the location)	C. CITT OR TOWN (It outside corporate armits, we	township)
1	WOMEN of Md.	D. STREET ADDRESS (if rural, give location)	
	Yrs.	2917 OVERLAND AVE	
1	Length of stay in Baltimore 5 4 SEX 6.COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years H Under	Year If Under 24 Hours
	EMALE WITTE WIDOWED (Specify)		Days Hours Min.
10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF
	Store Rt - Cashier -	MARYLAND	WHAT COUNTRY?
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	OWARD S. PEDDICORD	GERTRUDE R WORTHINGTON	
(Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? In no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT (SON) ADDR	AS ABOVE
			INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A) ARTER	JOSCLEROTIC CARDIOVASCULAR	YGARS
	heart failure, asthonia, etc. It moans the disease, injury or complication which caused death.) DUE TO	DISCASE	
H	ANTECEDENT CAUSES		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		
Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
OA	(C)		***************************************
RTIFICATION	ii		
ER	OTHER SIGNIFICANT CONDITIONS CON-		Meade
S	TO THE DISEASE OR CONDITION CAUSING IT.		YEARS
اد	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
DICA	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g.,	in or 21C. WHERE DID (If in Baltimore City, give	
П	LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg., CAUSE OF DEATH	etc.) INJURY OCCUR?	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHILE		
	m. WORK AT WORK	AV 10 1053 - 4104 10 1000 1	
	22. I hereby certify that I attended the deceased from M.	rred at 5:15 m., from the causes and on the d	
			ace stated above.
		doop. for the women of Md. 14	my 19,1952
	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		
111	Burial 5/21/52 London Par	le Cemelen Baltimore, m	anyland
D/	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DECTOR AD	DREAS
	MAY 1 9 1952 Tuntington Wolfiggers M.	Am Gook, Inc., 12174	B. Paul St.
	VS 150	4 1 0 0	
11	570	97	



from M. V. Lavitt, jr.,
Asst. Medical Pariner

s: please write the causes of death clearly and legi		1			-		1 4.	010			1000			1
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	IRTH NO.		CERTIFICAT		Registered No.	
	NAME OF Di Type or Print)		ELIZABETH WALKER		2. DATE 5/16/52 OF DEATH	2
	PLACE OF DE Baltimore	EATH: 30 City, Maryland	07 Woodring Ave.	4. USUAL RESIDENCE (V	Where deceased lived. If instit B. COUNTY	tution : residence before admis
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institution, give street address or location)		outside corporate limits, wr	ite RURAL and town
-		tay in Baltimore	Yrs. Mos. Days	Box 213 Route 15		10/10/1
	female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	2/10/00	9. AGE (In years land) Months	l Year II Uniter 24 Days Hours
work	k done during most o	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	Baltimoe,	Md. U.	CITIZEN OF WHAT COUN S.A.
13	3. FATHER'S N		albach	14. MOTHER'S MAIDEN N	AME	
15	5. WAS DECEASE	William Ling		Unknown	ADDR	Fee
(Yes		(If yes, give war or date			son, Long Beach,	
TION	DISEASES					
FICAT	RISE TO T	S OR CONDITIONS, I HE ABOVE CAUSE (A) /ING CONDITION LA				
CERTIFICAT	OTHER S	HE ABOVE CAUSE (A)	TIONS CON-	۷٠	•	
L CERTIFICA	OTHER S TRIBUTING	HE ABOVE CAUSE (A) VING CONDITION LA II GONIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER	RATION	•	YES N
MEDICAL CERTIFICAT	OTHER S TRIBUTING TO THE D 19A. DATE C	HE ABOVE CAUSE (A) VING CONDITION LA III GIGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION IF OPERATION LENT WAS UNDER-	TIONS CON- NOT RELATED I CAUSING IT.	RATION	If in Baltimore City, give	YES N
MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF 21D. TIME OF INJURY	II III III III III III III III III III	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., labout bome, farm, factory, street, office bidg., (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK AT WORK	In or 21c. WHERE DID (ob.) INJURY OCCUR?	Y OCCUR?	YES N exact location)
MEDICAL CERTIFICA	OTHER S TRIBUTING TO THE D 19A. DATE C 21A. ACCID LYING OF CAUSE OF 21D. TIME OF INJURY	II III III III III III III III III III	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR FINDINGS OF OPER 21B. PLACE OF INJURY (e.g., labout bome, farm, factory, street, office bidg., (Hour) 21E. INJURY OCCURR WHILE AT WORK AT WORK AT WORK	In or 21c. WHERE DID (ob.) INJURY OCCUR?	Y OCCUR?	exact location)
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

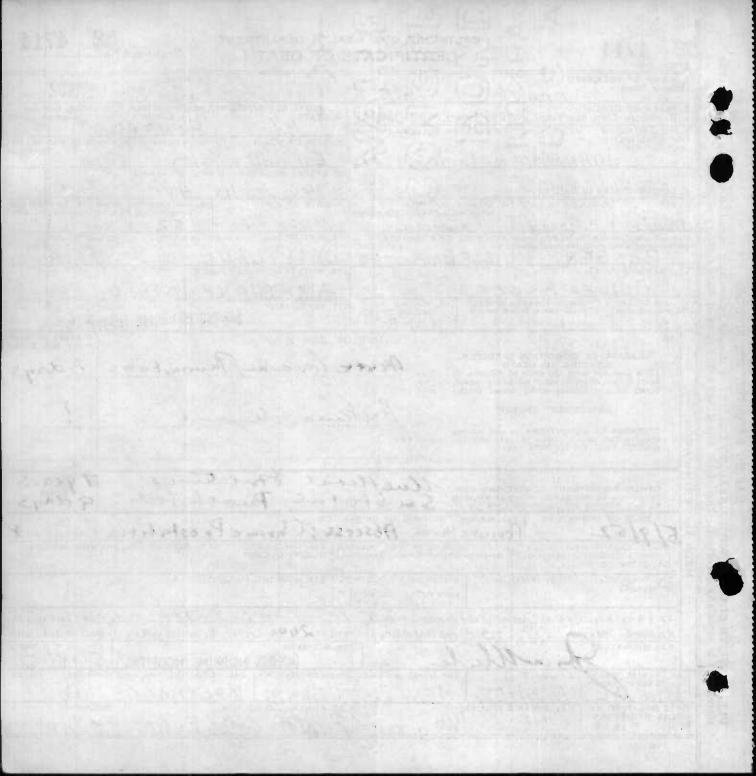
CERTIFICATE CORRECTED

Registered No. 4713

BIR	TH NO.			CERTIFICATI	E OF DEATH		
1. N (Typ	AME OF Die or Print)	EV	ELY	N. Du	NCAN	2. DATE OF DEATH M	AY 17, 1952
	LACE OF DI	EATH: lity, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, B. COUNTY	If institution: residence before admission)
HOS	ULL NAME SPITAL OR TITUTION			tion, give street address or location)	C. CITY OR TOWN	6.4	mits, write RAL and give township)
	30			Yrs.	Baltimon		0 1
c. I	ength of st	tay in Baltimore	lif			Preston St.	
5. S	F	6. COLOR OR RACE		e. Married. VED. DIVORCED (Specify) married	B. DATE OF BIRTH Dec. 7, 1908	9. AGE (In years last birthday)	Months Days Hours Min.
	one during most o	CUPATION (Give kind of of working life, even if retired)	108. KINI	O OF BUSINESS OR INDUSTRY	Baltimore. Mo		12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S N	IAME			14. MOTHER'S MAIDEN	NAME	10.5.A.
		Frank	Buck			Mary Gorecki	i
15. Yes,	WAS DECEASE no or unknown)	D EVER IN U. S. ARMED	FORCES?	16, SOCIAL SECURITY NO.	Mrs. Mary Buck,	mother, 3310	ADDRESS
RTIFICATION	OTHER S	S OR CONDITIONS, II I'IHE ABOVE CAUSE (A) I'ING CONDITION LA III IIIGNIFICANT CONDITION ISEASE OR CONDITION	STATING T ST. TIONS CO NOT RELAT	(C)	4 recent A	ubducal how	structa
				FINDINGS OF OPER	ATION		20. AUTOPSY?
ĕΙι	JNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	or 21c. WHERE DID (NJURY OCCUR?	(If in Baltimore City	7, give exact location)
ΣΠ	210. TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR			
-		Unknown	m.	WHILE AT NOT WHILE AT WORK		fell while dr	milik.
	the evi	dence obtained by	said. Aut	remains described of opsy, Inspection or information of the from: natural causes	Autop	sy, Inspection or Inquir I deceased died on ide , homicide	the day stated above
	23A. SIGNA	rure A.	Du	reacher,		AL EXAMINER	May 11/152
24A TION	BURIAL (S I, REMOVAL (S Buria	pecify) May 20,	1952	24c. NAME OF CEMETE Holy Redeemer	Cem. 443	O Belair Rd.	Balto Md
DAT LOC	AL REGIST	D DV DEGLOSS			Schimunek Fun	eral Home, In	ADDRESS
	151	1 lunian	7	recusion, my			10

7/9/52 ES.
Letter from Stanley H. Durlacher, M.D.
Aest. Medical Examiner

	1300	
5	10.74	EALTH DEPARTMENT $\sqrt{52}$ 4714
The	BIRTH NO. CERTIFICAT	E OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print) Frank Scott	2. DATE OF MAY 18 1952
'ai	3. PLACE OF DEATH: A. Baltimore City, Maryland JOHNS HOPKINS HOSPITAL	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
>	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
6	JOHNS HOPKINS HOSPITAL	Ellicott City township)
69 99	C. Length of stay in Baltimore Spays	D. STREET ADDRESS (If rural, give location)
ld be	5. SEX G. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under I Year Il Under 24 Hours
	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
ion shou	Work done during most of working life, even if retired) BARBER INDUSTRY SELFEMPLOYED 13. FATHER'S NAME	MARYLAND U.S.A
rmat	OLIVER SCOTT	MARVIANE JOHNSON
information s of death cle	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (if yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
of	NO NONE	OF DEATH INTERVAL BETWEEN
y item	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	e lovonary hourtous 8 days
2 2	.1	£- ,
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	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
ADING icians:	OTHER SIGNIFICANT CONDITIONS CON. MUEH	and Bricking a Floris
UNFADINC Physicians:	W TRIBUTING TO THE DEATH, BUT NOT RELATED	stal Prostatecton Gais
ш.	19A DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
WITH ortant.	218. PLACE OF INJURY (e.g., in Lying of Or Contributing of Con	
Och	CAUSE OF DEATH	
A. Illy i	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	
	22. I hereby certify that Lattended the deceased from 5	
WRITE PI	deceased alive on 18-, 1952 and that death occur	rred at 240am., from the causes and on the date stated above.
WR.	23A. SIGNATURE M. D. M.D.	JOHNS HOPKINS HOSPITAL 5/18/52
100	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 110N REMOVAL Specify	TRY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
PLEA	DATE RECEIVED BY REQUISTRAN'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
H 2	13 199 Huntington Williams MD	Easton John ELLICOTT CITY, MI
	VS 150	



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12. CITIZEN OF

WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY

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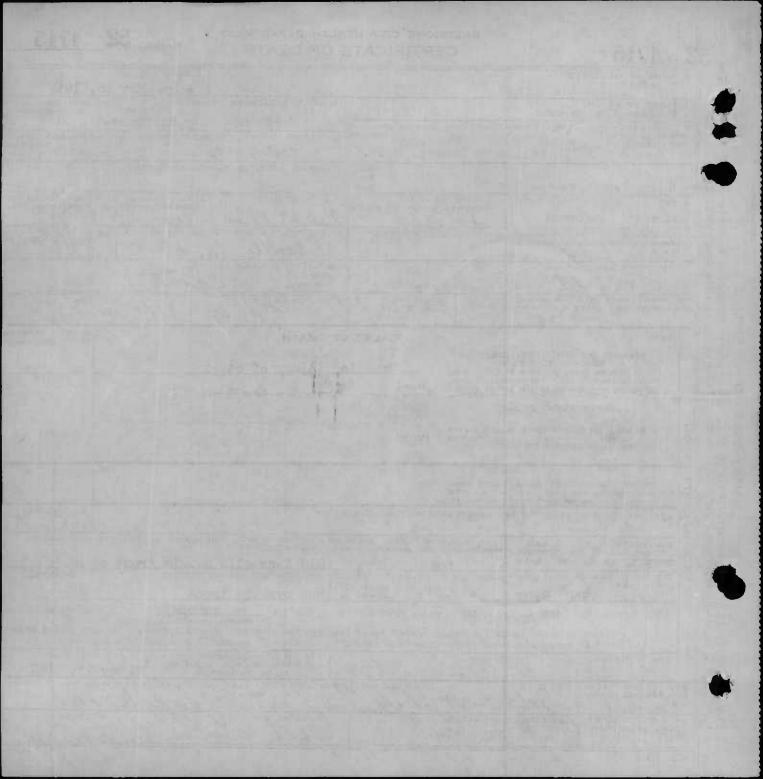
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23c. DATE SIGNED

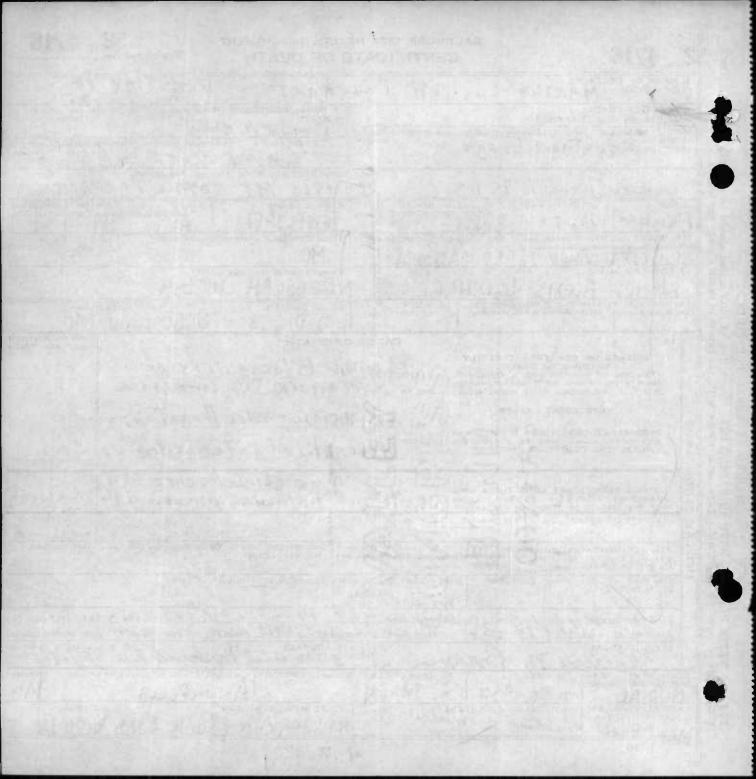
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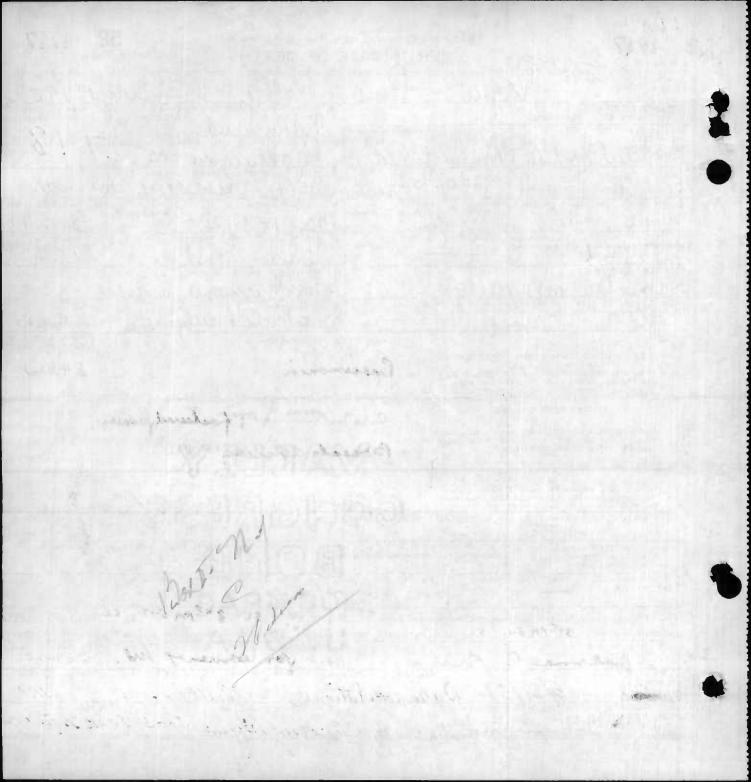
township)



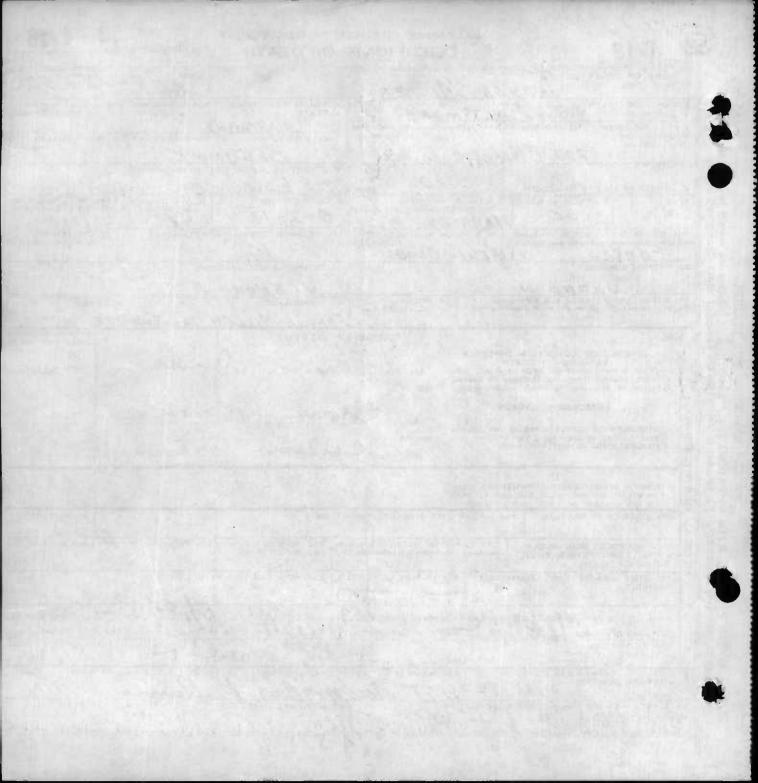
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Luckett (Type or Print) MARTHA OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR VENTHUR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN (If rural, give location) D. STREET ADDRESS Yrs. Mos. TERRAUT should be d c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8 DATE OF BIRTH AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s RETIRED TEACHER 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. 420,0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Chronic MYOCARDITIS AND DUE TO MYOCARDIAL Degeneration LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (B) Arteriosche Rotic Heart Dismose ANTECEDENT CAUSES INK. NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE ized ARTERIOSchenosis UNFADING Physicians: p UNDERLYING CONDITION LAST. RTIFICA POOR GONUAles CACE OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICA 21B. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY ecially NOT WHILE . 1952 that I last saw the 22. I hereby certify that I attended the deceased from MAY 1952 to 194418 .. 1952 and that death occurred at 5.5 1/m., from the causes and on the date stated above. deceased alive on 144 23A. SIGNATURI 23B. ADDRESS 23c. DATE SIGNED 5000 Ole 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) (State) BURLA DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



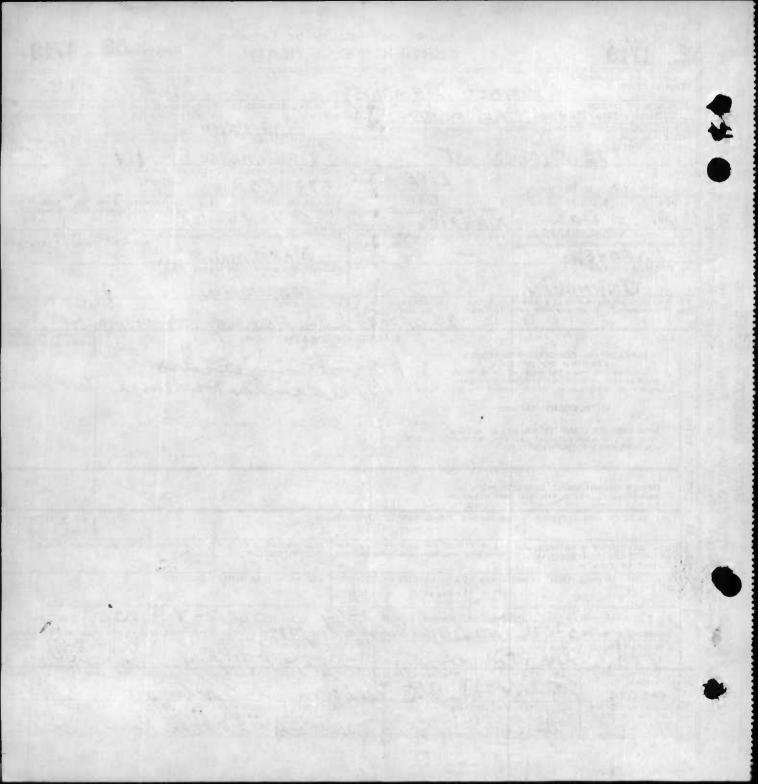
MARGIN RESERVED FOR BINDING WE WRITE PLAK WITH UNFADING INK. Every item of information should be constant. Physicians: please write the causes of death clearly and legiony.	3 A. B.H.	EFULL NAME OF (If not in hospital or institution, give street address or location) SETTUTION C. OTY OR TOWN (If outside corporate limits, write RURA C. OTY OR TOWN (If outside corporate limits, write RURA OALTHOUGH OF STREET ADDRESS (If rural, give location) SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED/DIVORCED (Specify) WIDOWED/DIVORCED (Specify) OA. (SUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZET	252 esidence admission) AD and give downship) Under 24 Hours ours Min.
	1	WAS DECEASED EVER IN U. S. ARMED FORCES? In or unknown) (If yes, give war or dates of service) 18. 760.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, in jury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Corobal accident; fullury forms (C) Breach delicery of Juvin	ND DEATH
	MEDICAL CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AU VES 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CALISE OF DEATH	ation) at saw the ed above
PLEA corre	100	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR Huttington Williams My Toring Syes 5005 Park 219 VS 150	to we



Adi	-460		
5	2 4718	TIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No. 4718
d. The	1. NAME OF DECEASED (Type or Print)	MILLER	2. DATE OF 5-18-52.
	S. PLACE OF DEATH: A. Baltimore City, Maryland BALTI B. FULL NAME OF (If not in hospital or institution)	N. OR E 4. USUAL RESIDENCE (W	here deceased lived. If institution : residence B. COUNTY before admission
ully.	HOSPITAL OR INSTITUTION 700 EUMONS	location) c. CITY OR TOWN (If	outside corporate limits, write RURAL and give
Je Je	c. Length of stay in Baltimore	700 FOIMONS Yrs. D. STREET ADDRESS (If a property of the prop	SON AVE
should be		MARRIED. ED. DIVORCED (Specify) 9-2-10-46	9. AGE (In years N Under I Year N Under 24 Hours Min.
on shou	work done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY - CLUBS. 11. BIRTHPLACE (State or fo	WHAT COUNTRY
information s of death cle	13. FATHER'S NAME	REST. 14. MOTHER'S MAIDEN NA	
of infe	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT FANNIE MILLER	ADDRESS T. JOD. GEORGE. ST.
G INK. Every item is please write the cau	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g heart failure, asthenia, etc. It means the diseas injury or complication which caused death ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVIN RISE TO THE ABOVE CAUSE (A) STATING TH UNDERLYING CONDITION LAST. ULL	Conny Sd	interval Between onset and Death 2 liss
UNFADIN Physicians	OTHER SIGNIFICANT CONDITIONS CON TRIBUTING TO THE DEATH, BUT NOT RELATE TO THE DISEASE OR CONDITION CAUSING I	ID .	
ш.	19A. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPERATION	20. AUTOPSY?
r, WIT	218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, f	arm, factory, street, office bldg., etc.) INJURY OCCUR?	f in Baltimore City, give exact location)
ally	OF INJURY	21E. INJURY OCCURRED 21F. HOW DID INJURY WHILE AT WORK AT WORK	occur?
WRITE PL	22. I hereby certify hat Lattended the deceased alive on 23A. SIGNATURE		the causes and on the date stated above
SE WRI	I We can	re M.D. 75 5 bly	DCATION (City, town, or county) (State)
PLEAS	DATE RECEIVED BY REGISTRAR'S SIGNATUL	MY. Autum Cem Director	eltinose /// ADDRESS
	MAY 1 9 1952 Huntington; vs 150	7806y	collade of the state only

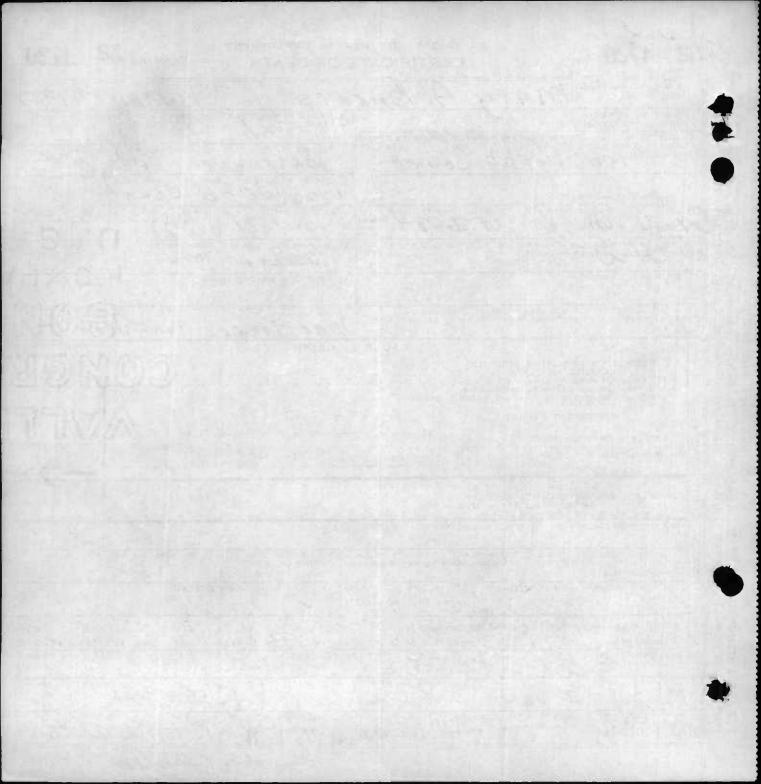


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52 472	30		HEALTH DEPARTMENT OF DEATH	NT Registered	NJ2 4720
1. NAME OF E (Type or Print)	DECEASED MA	100	PRNES	2. DATE IN A	111195
3. PLACE OF D	City, Maryland		4. USUAL RESIDENCE	DEATH E (Where deceased lived, I B. COUNTY	institution : residence
B. FULL NAME HOSPITAL OR INSTITUTION	/	al or institution, give street addition local lo	ation) C. CITY OR TOWN	(If outside corporate lim	ts write the Rad, and givenship
	stay in Baltimore		Yrs. D. STREET ADDRESS	(If rural, give location) 66 Coun	· · /
DEMALS	6. COLOR OR RACE White	7. SINGLE, MARRIED.	Days 1006 12 1 1 1 1 1 1 1 1		If Under 1 Year If Under 24 Hour
10A. USUAP DO	of working life, even if retired)		OR 11. BIRTHPLACE (State	or foreign country	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME	P	14. MOTHER'S MAIDEN	NAME	?
15. WAS DECEAS (Yes, Joor unknown)	ED EVER IN U. S. ARME (If yes, give war or date	FORCES? 16. SOCIAL SECURITY	NO. MAE BARA		ADDRESS UE66 CT
heart failt injury or DISEASE	LEADING TO DEA: s not mean the mode of the complication which of the complication	of dying, c. g., (A)	hemiplegia, left hyperbension		7 days
OTHER S	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED			
CAL	DENT WAS UNDER	9B. MAJOR FINDINGS OF 21B. PLACE OF INJURY		(7.6 :- Y)-14: (7.4	YES NO
LYING OF	R CONTRIBUTING DEATH	about bome, farm, factory, street, offic	obldg.,etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
OF INJURY	(Month) (Day) (Year)	WHILE AT NOT	WHILE .	URY OCCUR?	
22. I hereb deceased a 23A. SIGNA	live on 1-ay 16	ended the deceased from, 1952, and that death	23B. ADDRESS	m the causes and on the	that I last saw the date stated above 23c. DATE SIGNED 5-19-52
TION NEMOVAL (S	CREMA- 248. DATE	NY NEX OF	The second secon	Salto h	
MAY PEGIN	BY REGISTRAR	S SIGNATURE,	25. FUNERAL DIRECTO	+ B.M. U	ADDRESS CALLEY
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BALTIMORE CITY HEALTH DEPARTMENT

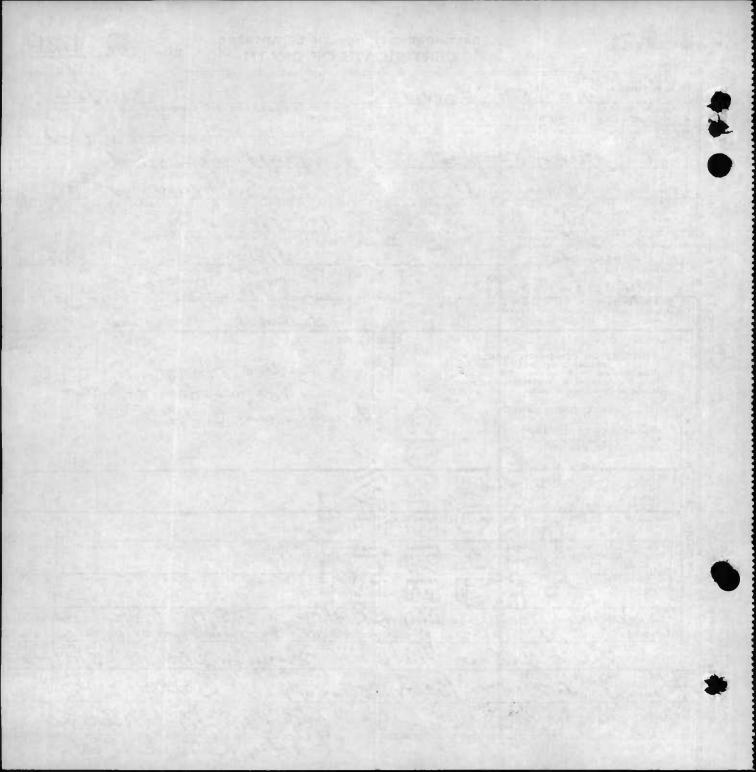
CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF 775. LOTTIE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate mice) write RISILAL and give INSTITUTION township INDYC (If rural, give location) Yrs Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years, 7. SINGLE, MARRIED It tinder 1 Year It Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (if yes, give war or dates of service) SECURITY NO. Husbane Spane INTERVAL BETWEEN 18. 20. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, you C. V. D injury or complication which caused death.) ANTECEDENT CAUSES ZO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ī 11 RTI OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. O 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICA (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (c. g., in or i 21c. WHERE DID about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from 19__ . to , 19 Lethat I last saw the deceased alive on 19 and that death occurred at P.m., from the causes and on the date stated above. 23A. SIGNATURE 23s. ADDRESS 23c. PATE SIGNED NAME OF CEMETERY OR CREMATOR BURIAL, CREMA-24D. TION (City, town, or county) DATE RECEIVED BY REGISTRAR'S FUNSRAL ADDRESS

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UNFADING Physicians:

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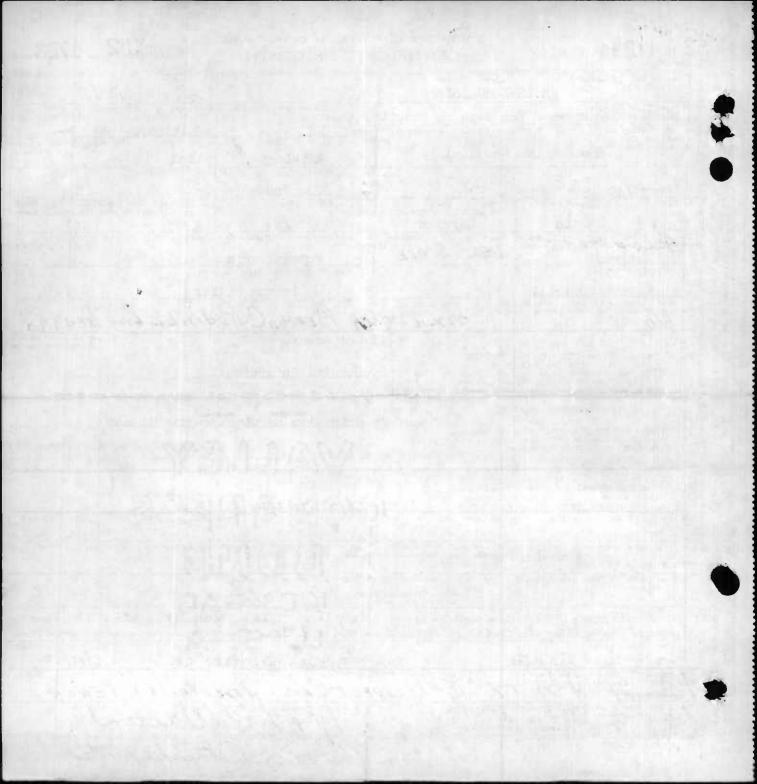


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

The	2	53 A72	3	ВА		EALTH DEPARTMENT E OF DEATH	Registered Da	2 4722
illy (vot d.	1.	NAME OF D'ype or Print)	eceased Ar. Dunc	ean Br	yant		2. DATE OF DEATH MAY 1	9,1952
		PLACE OF D	City, Maryland	les		4. USUAL RESIDENCE (W		
	В.	FULL NAME		ai or institu	tion, give street address of	Maryland		7
		ISTITUTION 2	Bon Secon	urs Ho	spital location	Baltimore	outside corporate imits	vite RORAL and give township)
les les			tay in Baltimore		Yrs. Mos. Days	1523 W.Lombar		
ld b	1	Male	6.COLOR OR RACE	WIDOV	E. MARRIED. VED, DIVORCED (Specify "TIED	8. DATE OF BIRTH 4/8/1867	9. AGE (In years ff Um last birthday) Mont	ler I Year H Under 24 Hours ns Days Hours Min.
on should clearly an	1C worl	A. USUAL OC done during most Reti	CUPATION (Give kind of of working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	U.S. A.
MARGIN RESERVED FOR BINDING INFADING INK. Every item of information hysicians: please write the causes of death cle	13	FATHER'S				14. MOTHER'S MAIDEN NA Mary Mi		V
	(Ye	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
	ERTIFICATION	(This does heart failt injury or DISEASE RISE TO 1 UNDERL'	SE OR CONDITION LEADING TO DEAT a not mean the mode o ire, asthenia, etc. It mea complication which c ANTECEDENT CAUS SOR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDIT SIGNIFICANT CONDITION ISSEASE OR CONDITION ISSEASE OR CONDITION	'H f dying, e.: ns the diseasaused death ES F ANY, GIVII STATING TI ST. TIONS COL	(B)	ive Cardiovascu	ılar Disease	
WITH U	AL C				FINDINGS OF OPER	RATION		20. AUTOPSY?
Y, WIT	MEDIC		DENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		f in Baltimore City, give	e exact location)
A		21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
PLEASE WRITE PL	27/01/01/01	deceased a	CREMA- 24B. DATE	ended the 19.52	deceased from and that death occu	rred at <u>a.m., from</u> the 23B. ADDRESS Bon Secons	Hopital DCATION (City, town, or Alto M	date stated above. 23c. DATE SIGNED 5/19/52

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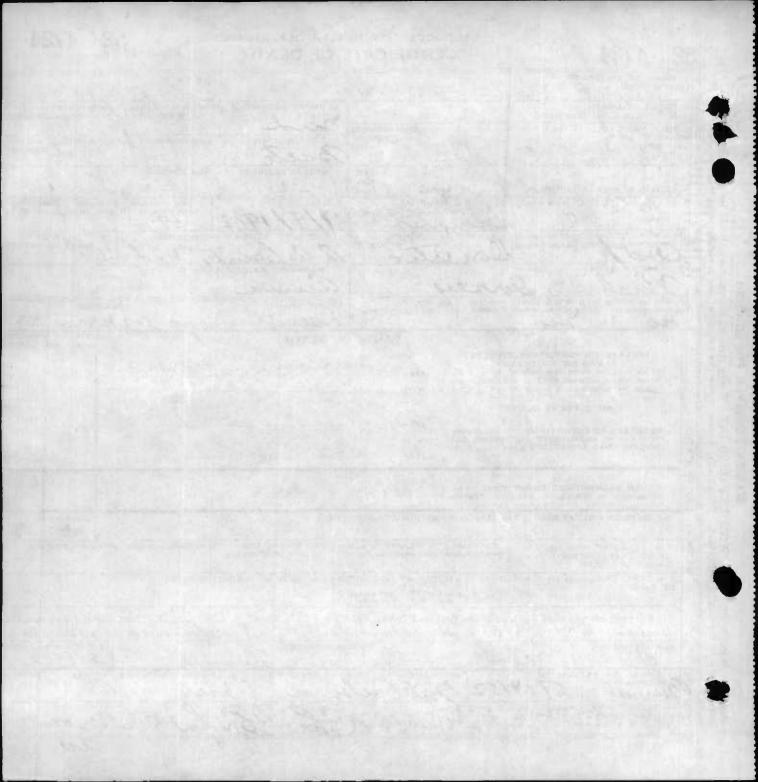
R-	3	24		BALTIMORE (CITY HE	ALTH DEPARTME	NT	FQ 2000	
The	12	IRTH NO.	3	CERTIF	ICATI	OF DEATH	Registere	52 4723	
Ily Co.	1.	NAME OF D		D. VI RUDISILL			2. DATE OF DEATH	5/18/52	
	A.		City, Maryland B	on Secours Hosp	ital	4. USUAL RESIDENC A. STATE	E (Where deceased lived B. COUNTY	,	
	H	FULL NAME OSPITAL OR ISTITUTION	of (If not in hospit Bon Secours	al or institution, give street	address or location)	c. CITY OR TOWN		imits, write RURAL and give township)	
	_	37		1/-	Yrs.	Baltimore, D. STREET ADDRESS			
e ca leg			tay in Baltimore	4~	Day's	6214 Frederi			
should be		Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCE Married	D (Specify)	6/18/85	9. AGE (In years last birthday)	Months Days Hours Min.	
n she	wor	Reti	CUPATION (dive kind of bid of kind of bid or kind life eyen if retired)	DEPT STORE	SS OR NDUSTRY	Pennsylvani		12. CITIZEN OF WHAT COUNTRY	
aticath	13	B. FATHER'S	NAME			14. MOTHER'S MAIDE			
FIN RESERVED FOR BINDING ING INK. Every item of information shouluns: please write the causes of death clearly	1.6	Hamilt.	on Rudisill		Amanda N	Miller			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. NFORMANT (If yes, give war or dates of service) 17. NFORMANT (If yes, give war or dates of service) 17. NFORMANT (If yes, give war or dates of service) 17. NFORMANT (If yes, give war or dates of service) 17. NFORMANT (If yes, give war or dates of service) 17. NFORMANT (If yes, give war or dates of service) 18. SOCIAL SECURITY NO. 17. NFORMANT (If yes, give war or dates of service) 19. NFORMANT (If yes, give wa								
	IFICATION	C) (c)							
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ht .	AL			9B. MAJOR FINDINGS				20. AUTOPSY?	
(, WIT)	EDIC		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE OF INJUI about home, farm, factory, street			(If in Baltimore Cit	ty, give exact location)	
SE WRITE PLA	Σ	210. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY MHILE AT WORK	OCCURRE NOT WHILE	D 21F. HOW DID IN	JURY OCCUR?		
		deceased a	live on May 18	ended the deceased fro , 19 52 and that dec	th occur	red at 9.30 am., fro	May 18, 19	952, that I last saw then the date stated above.	
			ais llgait	~	м. О.		tospital	5/18/52.	
**	TY	ON REMOVAL (S	P 3-11-3	TY MITTRO	SPEC	TEM SE	EVEN ALLEY	ENNA (State)	
PLE		ATE RECEIVE DCAL REGIST		tor Williams	MZ	25. FUNERAL BIRECT	. Walt	ADDRESS	
		VS 150	0	000	6C	Prato (Trucking	ids	



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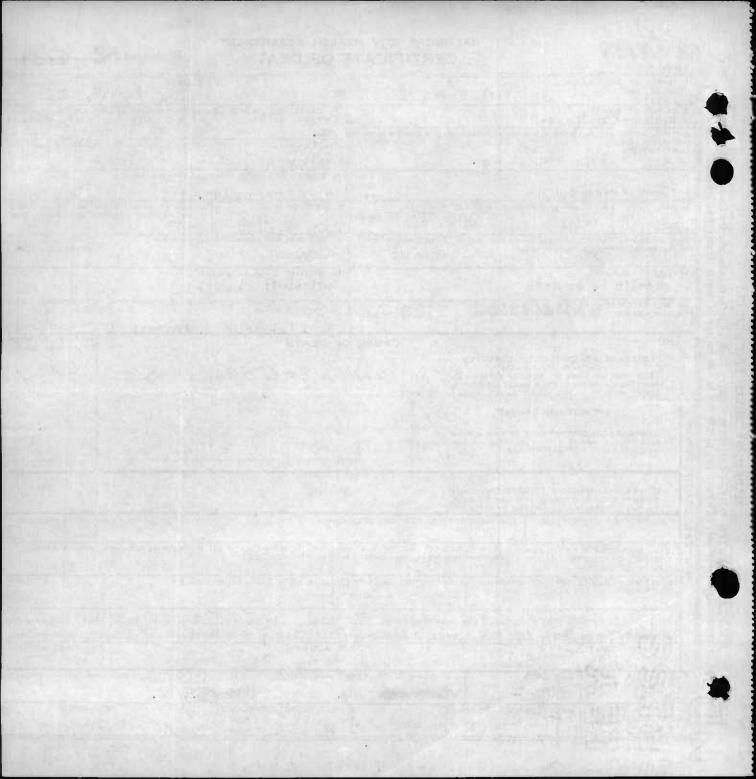


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The	1.	RTH NO.	ASED		CERTIFICA		OF DEATH	
	(1	ype or Print)		WILLIA	M BENTON ARM	GER		
	A.	PLACE OF DEAT Baltimore City	, Maryland			Α.	USUAL RESIDEN	ICE (
117 539	II H	FULL NAME OF OSPITAL OR ISTITUTION			tion, give street address location		CITY OR TOWN	(1
	-	0-0 43	323 Newport	Ave.			Baltimore	
e ca legh	c.	Length of stay	in Baltimore		Yr: Mo Da;	s.	STREET ADDRES	
ld be			olor or RACE	7. SINGL WIDOW	E. MARRIED. VED. DIVORCED (Spec COWEC	8.	uly 22, 187	211
NDING information should be s of death clearly and l	10	A. USUAL OCCUP	ATION (Give kind of king life, even if retired)	108. KINI	of Business or	11	BIRTHPLACE (Sta Maryland	
ion cl	-	. FATHER'S NAM		Auto	mechanic		MOTHER'S MAIL	2511.1
NG rmati death		Benjamin F.	Armiger				Elizabeth T	
BINDING of inform uses of dea	15 (Ye	. WAS DECEASED E	VER IN U.S. ARMED If yes, give wer or dates	FORCES?	16. SOCIAL SECURITY NO		. INFORMANT	
R BIN em of i		18. LQIV			21110		Mrs. Cather DEATH	ine
RESERVED FOR I INK. Every item please write the cau		(This does not heart failure, a injury or com	ADING TO DEAT mean the mode of sthenia, etc. It mean uplication which confidence FECEDENT CAUS	f dying, e. ns the diseas aused deatl	, , , , , , , , , , , , , , , , , , ,		ncho-pr	QU.
RESEI INK.	RTIFICATION	RISE TO THE A	CONDITIONS, IF	STATING T	(B) NG HE DUE TO	*******		
NI NI S	CA				(C)		******************************	
MARGIN R UNFADING Physicians: p	ERTIF	TRIBUTING TO	II IFICANT CONDI THE DEATH, BUT	NOT RELAT	ED			33
54	U	19A. DATE OF O	DEPATION - 1		FINDINGS OF OP	FDATI	ON	
WITH rtant.	AL	1011 27112 01 0	. Zilarioit	5 D. MAGO.	1111011100 01 01			
, WITI	IEDIC	21A. ACCIDENT LYING OR CO CAUSE OF DEA	DNTRIBUTING	21B. PL. about home,	ACE OF INJURY (e. (farm, factory, street, office blo	g., io or	21c. WHERE DIE INJURY OCCUR	
	Σ	21D. TIME (Mon	th) (Day) (Year)	(Hour)	21E. INJURY OCCUI	RRED	21F. HOW DID I	NJUR
AA	P	OF INSORT		m.	WHILE AT NOT WHI	K		
TE PLA especially	10	22. I hereby ce	ertify that I att	ended the		nas	2 , 19.52	to
TE		deceased alive	on may 16		and that death occ			rom
WRITE PLA e is especiall	1	23A. STONATUR	2000	100		23в.	ADDRESS	2
age	24	A. BURIAL, CREM	1A- 24B. DATE		M. D. 24c. NAME of CEME	TERY	OR CREMATORY	24D. L
	TIC	A. BURIAL, CREA ON, REMOVAL (Speci Burial	5/20/52		Woodlawn re	em.	V	lood
LE	D	ATE RECEIVED B	Y REGISTRAR	SIGNATI	JRF/11.	125	FUNERAL DIREC	TOR

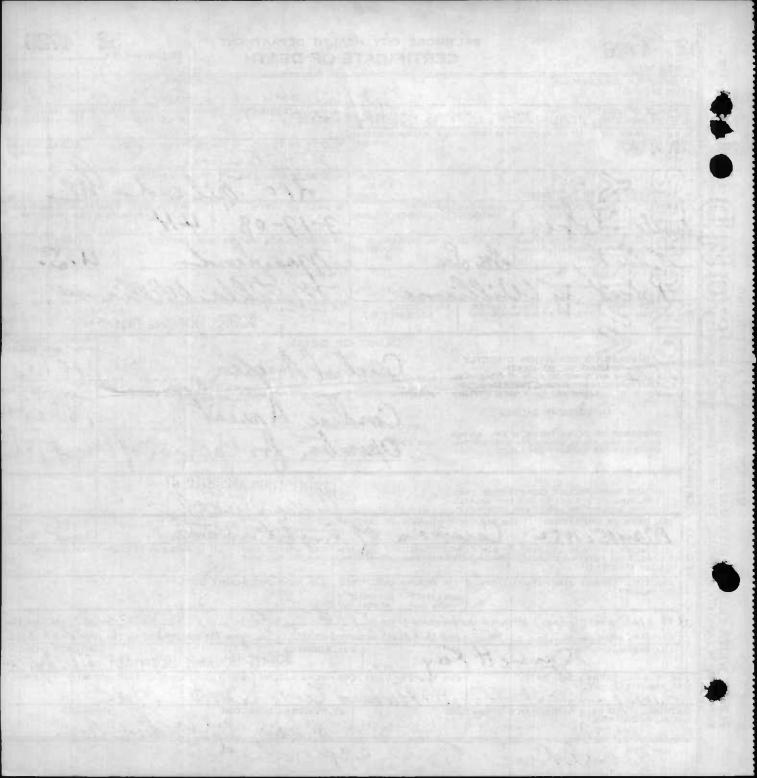
Registered N2 2. DATE OF May 17, 1952 DEATH DENCE (Where deceased lived, If institution: residence
B. COUNTY before agmission) (If outside corporate limits, write RURAL and give township) RESS (If rural, give location) 9. AGE (In years if Under I Year last birthday) Months; Days Hours Min. (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? AIDEN NAME Tippett ADDRESS Andrews 1323 Newport Av 20. AUTOPSY7 YES (If in Baltimore City, give exact location) D INJURY OCCUR? , 19 12 that I last saw the ., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) Woodlawn ADDRESS

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BALTIMORE CITY HEA	ALTH DEPARTMENT
Alle Carlo	
BIRTH NO.	OF DEATH
1. NAME OF DECEASED	2. DATE
(Type or Print) Marie Murry	Forbes DEATH May-16-1952
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. Baltimore City, Maryland Balto. City B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY before admission) Marvland
HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
424 North Spring Street	Baltimore 5 township)
	D. STREET ADDRESS (If rural, give location)
Touch of the Dalling Table Mos.	424 North Spring Street
70,011	8. DATE OF BIRTH 9. AGE (In years) II Under 1 Year If Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
	lept,-19-1892 59
work dooe during most of working life, even if retired) INDUSTRY	WHAT COUNTRY
Housewife At Home	Calvert Co.Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Badden	Harrett Badden
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or uokuown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Louise Dorden 424 N.Spring St
18. 421.1 CAUSE O	F DEATH (INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g.,	i lan Meeny - 7
heart failure, asthenia, etc. It means the disease.	
injury or complication which caused death.) DUE TO	elem - aster solem
ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	la in helan
(C)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING ebout bome, farm, factory, street, office bldg., etc.) CAUSE OF DEATH

21E. INJURY OCCURRED

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT WORK AT WORK

NOT WHILE

22. I hereby certify that I attended the deceased from deceased alive on 1957 and that death occurred at. 23A. SIGNATURE

from the causes and on the date stated above. 238. ADDRESS

23c. DATE SIGNED

195 that I last saw the

20. AUTOPSY

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248, DATE

24c. NAME of CEMETERY OR CREMATORY

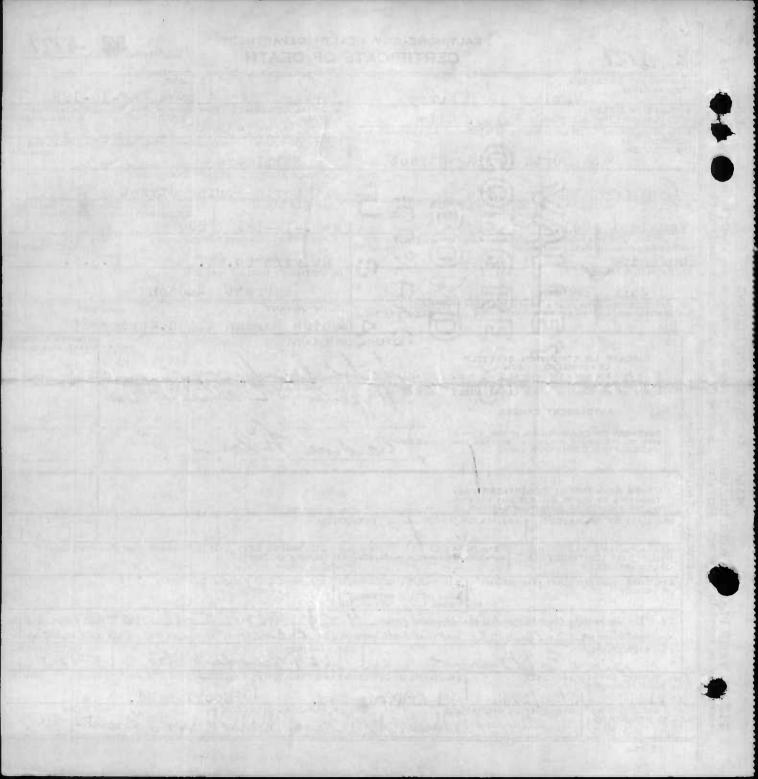
Burial DATE RECEIVED BY REGISTRAB

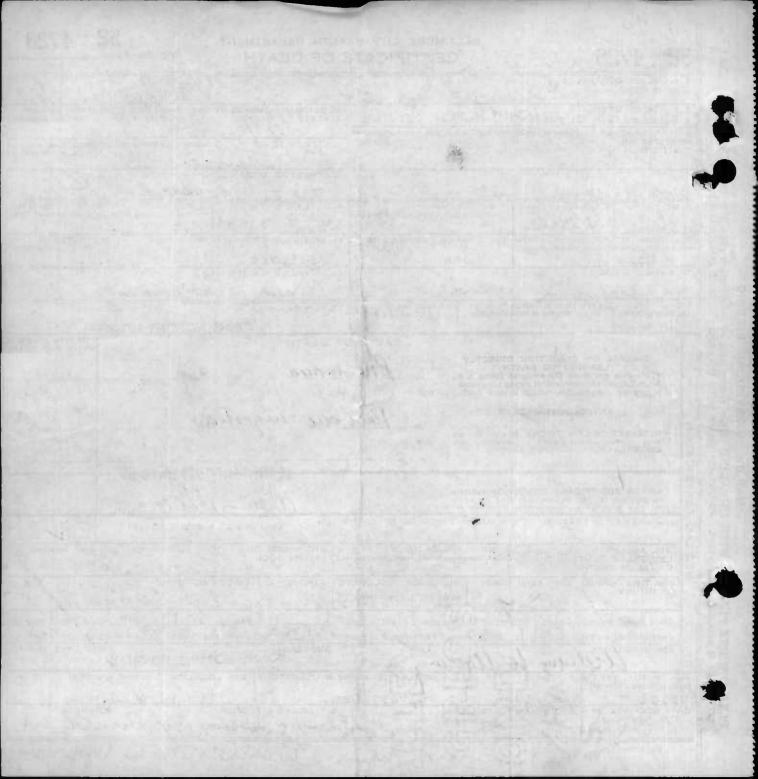
/1952 REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

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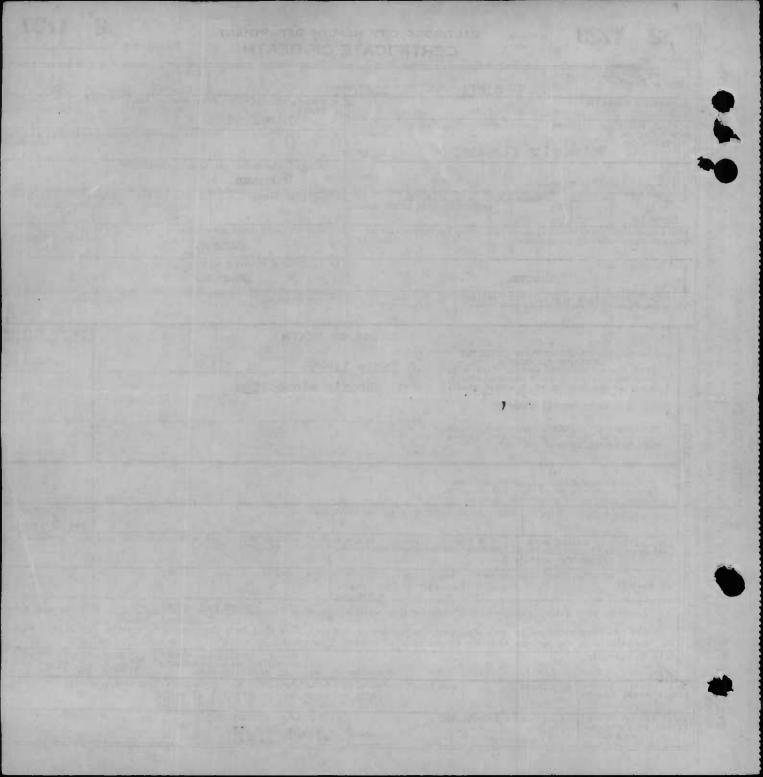
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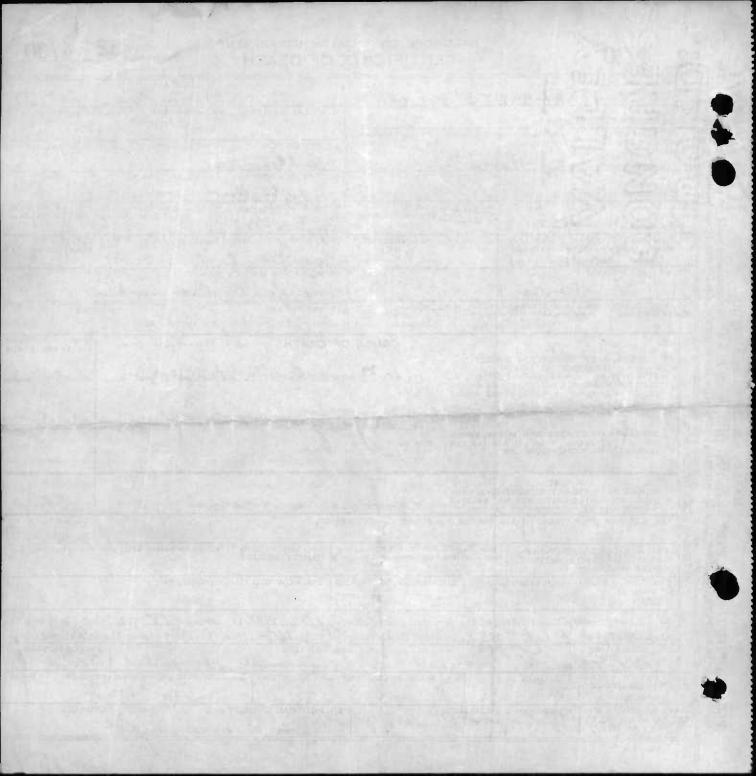




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OR BU	item of
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RESE	JINK.
MARGIN RESERVED FOR BINDING	VRITE PLAIN, WITH UNFADING INK. Every item of informati is especially important. Physicians: please write the causes of death
_	important.
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	VRITE is esp

52 4729	BALTIMORE CITY HE CERTIFICAT	EALTH DEPARTMENT	Registered No	2 4729		
1. NAME OF DECEASED (Type or Print)	VIRGINIA ELLIO	ጥጥ	2. DATE OF DEATH May	9 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland	d	4. USUAL RESIDENCE (WA. STATE Maryland	here deceased lived. If in B. COUNTY	nstitution: residence before admission)		
HOSPITAL OR	hospital or institution, give street address or location) ty Hospital		outside corporate limits,	write RURAL and give township)		
c. Length of stay in Baltimo	Yrs. Mos.	D. STREET ADDRESS (If Unknown	rural, give location)			
5. SEX 6. COLOR OR F		8. DATE OF BIRTH		Inder 1 Year ths Days Hours Min.		
	kind of 108, KIND OF BUSINESS OR retired) INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY		
13. FATHER'S NAME	nown	14. MOTHER'S MAIDEN N. Unkno				
15. WAS DECEASED EVER IN U.S. (Yes, no or unknown) (If yes, give war	ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS		
DISEASES OR CONDITION RISE TO THE ABOVE CAUS UNDERLYING CONDITION UNDERLYING CONDITION II OTHER SIGNIFICANT OF TRIBUTING TO THE DEATH	ONS, IF ANY, GIVING E (A) STATING THE DUE TO ON LAST. (C)					
TO THE DISEASE OR CONI		RATION		20. AUTOPSY?		
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? WHILE AT NOT WHILE						
the evidence obtaine	e charge of the remains described and by said Autopsy, Inspection or inion resulted from: natural cause	above, held an parti Autopsy. Inquiry, find that said d s , accident , suicide 23B. CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGAT	EXAMINER 230 EXAMINER I Mo	y 9, 1952		
	TRAR'S SIGNATURE	MEDICAL SCHOOL MAY	1 0 1932	ADDRESS		





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BALTIMORE CITY HEALTH DEPARTMENT

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egistered No	

	1 / 1-4/	731		CERTIFICATE	E OF DEATH	Registere	52 473 d No	1
1.	NAME OF Dype or Print)		NNY	ROCKFIE	LD	2. DATE OF DEATH MS	ay 2, 1952	
	PLACE OF D		201012	200 0000 200	4. USUAL RESIDENCE (V		. If institution : reside	
В.	FULL NAME		al or institut	ion, give street address or location)	Delaware	V-	mits, write RURAL a	
	ISTITUTION	Provident H	lospita	1	Dover	Outorde corporaçe ra		wnship
C.	Length of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 248 Main			
	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours	a 24 Hours
		COLOTEC CCUPATION (Give kind of cof working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN O WHAT COL	
13	FATHER'S	NAME			14. MOTHER'S MAIDEN N	IKNOWN AME		
		Unk	nown		Un	known		/
		ED EVER IN U.S. ARMED (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
RTIFICATION	(This doe heart fail injury of the	LEADING TO DEA. LEADING TO DEA	TH of dying, e. ins the disease death deat	(B) (B) (C)		s	DNSET AND	
CER	TO THE I	G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	CAUSING		ATION		20. AUTO	PSY7
CAL							YES X	NO [
EDI	UNDERLYIN UTING [NAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., li farm, factory, street, office bldg., e	ite.) INJURY OCCUR7		y, give exact location	n)
Σ	21b. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID INJURY	Y OCCUR?		
	22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes 2, accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED MEDICAL INVESTIGATOR MEDICAL INVESTIGATOR MAY 2, 1952							
TI	4A. BURIAL. ON. REMOVAL (CREMA- 248. DATE / Specify)		24. NAME OF CEMETE	RSITY MEDICAL SCHOOL MAY	/ 1 5 1952		(State)
İ	ATE RECEIVE OCAL REGISTALY 191		s SIGNATI		25. FUNERAL DIRECTOR	Health	ADDRESS	
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BALTIMORE CITY HEALTH DEPARTMENT

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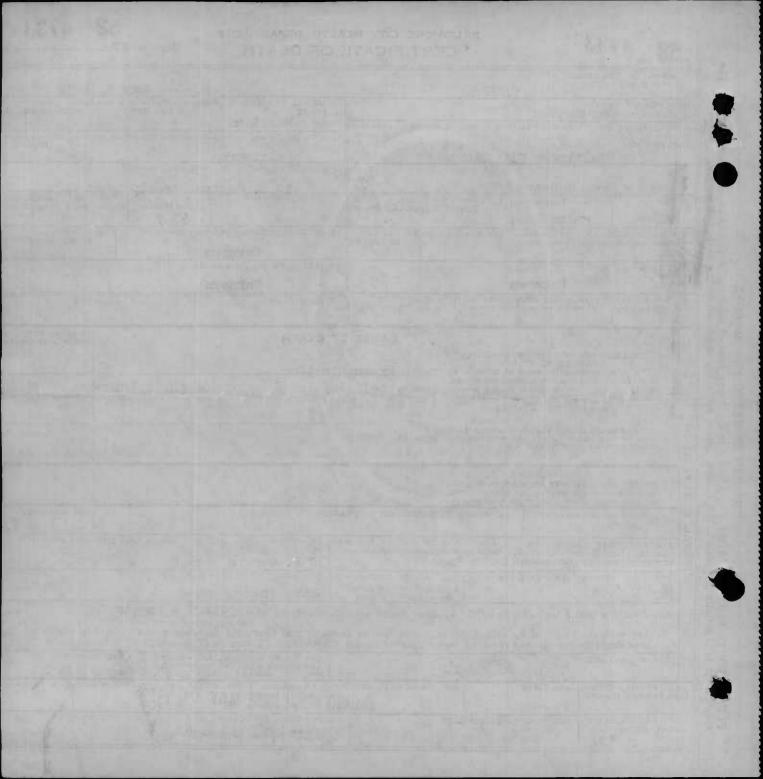
BIRTH NO.	4/36		CERTIFICATI	OF DEATH	Registered	No.
1. NAME OF (Type or Print)	WARD	UPTERGE			il 29, 1952
3. PLACE OF A. Baltimore	City, Maryland			4. USUAL RESIDENCE (B. COUNTY	f institution : residence before admissi
B. FULL NAM HOSPITAL OF INSTITUTION	₹	al or instituti	ion, give street address or location)		f outside corporate lim	its, write RURAL and a
4 5	Mercy Ho	spital		Baltimor		-07
c. Length of	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (III		
5. SEX Male	6.COLOR OR RACE		E, MARRIED. ZED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) M	If Under 1 Year If Under 24 Hours M
	OCCUPATION (Give kind of ost of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or i	foreign country)	WHAT COUNT
13. FATHER'S	NAME			14. MOTHER'S MAIDEN N	IAME	
	Unkr			Un	known	
15. WAS DECE.	ASED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
(This d	EASE OR CONDITION LEADING TO DEA oes not mean the mode of tilure, asthenia, etc. It mea	TH of dying, e. 1	s., (A) Skull	OF DEATH fracture		INTERVAL BETW
O RISE TO UNDER	SES OR CONDITIONS, IN THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) RLYING CONDITION LA	STATING THE	(c)	ral, subarachnoid ral hemorrhage		
III TO THE	DISEASE OR CONDITION	CAUSING 1	т			
1	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER			YES X NO
UNDERLY	RNAL CAUSE WAS ING M OR CONTRIB- CAUSE OF DEATH.	about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	907 Low Stre		give exact location)
S 21D. TIME	(Month) (Day) (Year)	2	21E. INJURY OCCURR WHILE AT WORK		et from porc	h to ground
22. I cen	rtify that I took char	ge of the	remains described o	bove, held an Av	topsy Inspection or Inquiry deceased died on t	thereon and fi
23A. SIGN	illiam V A	ours	A M	238. CHIEF MEDICAL ASSISTANT MEDICAL .D. MEDICAL INVESTIGA	EXAMINER Z	April 30, 19
24A. BURTAL TION, REMOVAL	(Specify)		24C NAME OF CEMETE	TY MEDICAE SCHOOL MAY	1952 ity, tow	n, or county) (Sta
DATE RECEI		S SIGNATUL	Thisus M.P.	25. FUNERAL DIRECTOR	i Realth	ADDRESS

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1. NAME Of Type or Prin			HARLES	BARBER		OF DEATH MAY	7. 1952
3. PLACE OF			IMICHEO	DAIDLIL	4. USUAL RESIDENCE (V		
B. FULL NAI	ME OF (al or instituti	ion, give street address or Iocation)	Maryland		
NSTITUTIO	N	imore Ci	ter Mana		c. CITY OR TOWN (II Baltimore	outside corporate ilmit	s, write RURAL and give township
100	Dalt	THORE CI	CY MOLE	Yrs.	D. STREET ADDRESS (If	rural, give location)	
c. Length of stay in Baltimore Mos. Days					17 E. Cent	re Street	
male		or or RACE		E, MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9 AGE (In years)	f Under 1 Year ff Under 24 Hour onths: Days Hours Min
		ON (Give kind of life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
					Unknow		
3. FATHER	S NAME	Inlmorm			14. MOTHER'S MAIDEN N		
5. WAS DEC	EASED EVER	Unknown		I 16. SOCIAL	Unknow		DDBEEC
es, no or unkno		s, give war or dates	of service)	SECURITY NO.	17. INFORMANT	A	DDRESS
(This heart	does not me failure, asthe or complie	CONDITION ING TO DEATen the mode of enia, etc. It mea eation which of the control	TH of dying, e. a ns the diseas caused death	g., (a)Exsang	uinationinflicted wounds		ONSET AND DEAT
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5			EALTH DEPARTMENT E OF DEATH Registered No	2 4734
lly bpt T	1.	NAME OF DECEASED Samuel Arthur Smith	2. DATE OF DEATH May	17, 1952
	A. B. H. W. W.	PLACE OF DEATH: Baltimore City, Marylan FULL NAME OF (If not in hospital or institution, give street address or ospirat. OR US Public Health Service Hospital or Marylan Note of Stay in Baltimore PLACE OF DEATH: (Baltimore Death: (If not in hospital or institution, give street address or ospiration of street address or ospiration of stay in Baltimore (If not in hospital or institution, give street address or ospiration of stay in Baltimore) (If not in hospital or institution, give street address or ospiration of stay in Baltimore) (If not in hospital or institution, give street address or ospiration or ospiration or institution, give street address or ospiration or osp	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY Ga.	before admission
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VDING information should be ca	worl S 13	k doneduring most of working life, even if retired) Seaman FATHER'S NAME Marshall L. Smith		WHAT COUNTRY USA
3II of ses	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 260-18-7687		
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MA UNF Phys	CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	hopneumonia	Unknown
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		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS OF INJURY MHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from feedbecased alive on 1952, and that death occurs of the second secon		that I last saw th
	2. TI		23B. ADDRESS IS PHS Hospital, Balto, Md. ERY DR CREMATORY 24D. LOCATION (City, town, or	23c. DATE SIGNED 5/19/52
PLEA	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE Williams, A		DDRESS
		vs 150		

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4	17	35	
BIRTH	1 N	0.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No 1. NAME OF DECEASED (Type or Print) 2. DATE Cyrus D. King 5-17-52 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: Balto. B. COUNTY A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RUKAL and give c. CITY OR TOWN INSTITUTION township) 250 S. Highland Avenue D. STREET ADDRESS (If rural, give location) Yrs. 50 yrs Mos. 250 S. Highland Avenue c. Length of stay in Baltimore Days 5. SEX 9. AGE (in years If Under I Year I Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) 11-23-83 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR' WHAT COUNTRY? Supervisor Balto, Copper Wks USA Pennslyvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARING PANTS William E. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Cyrus King-250 S. Highland Avenue CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ы TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY Ü 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 5-7-5-19, to 5-17-5-19, that I last saw the deceased alive on 5 - 16 - 5 2-19 and that death occurred at 2: 5 5 An., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA- 248. DATE 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) TION, REMOVAL (Specify)
Burial 5- 20-52 Baltimore rarkwood ADDRESS DATE RECEIVED BY REGISTRAR'S 25. FUNERAL DIRECTOR Lilly & Zeiler, inc 403 S. Wolfe Street

VS 150

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W	1	52 473	36			EALTH DEPARTS		sistered No.	4736
d. The	1.	NAME OF DEC	POSELLA	W	LLIAMS		2. DATE OF DEATH	5/1	7/5-2
The state of	A.	PLACE OF DE Baltimore Ci	ty, Maryland	43		4. USUAL RESIDE	NCE (Where deceas		itution : residence before admission)
III.	H	FULL NAME O DSPITAL OR STITUTION	The age	Ilor Institution	n, give street address or location)	c. CITY OR TOWN	(If outside corr	porate Duits w	rite RURAL and give township)
	C.	Length of sta	y in Baltimore		Yrs Mos. Days	D. STREET ADDRE	SS (If rural, give)	ocation)	
should be	-		COLOR OR RACE		MARRIED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (I last bir	n years if Under thday) Months	Days Hours Min.
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YES ity, give exact location) that I last saw the on the date stated above. 23C. DATE SIGNED 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY Burial Cross 25. FUNERAL DIRECTOR DATE RECEIVED BY VS 150

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BALTIMORE CITY HEALTH DEPARTMENT Registered No-CERTIFICATE OF DEATH on BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF May 18, 1952 Mary Agnes Woodland 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Baltimore City Hospitals 4940 Eastern Avenue C. CITY OR TOWN (If outside corporate limits, waite RURAL and give INSTITUTION Rural-Mechanicsville, Md. Yrs. D. STREET ADDRESS (If rural, give location) Mos. information should be d Mechaniesville, Maryland c. Length of stay in Baltimorbife Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | If Under | Year Single (Specify) last birthday) Months: Days Hours: Min. Female Dec. 8, 1951 Negro 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Woodland Agnes Molden 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Records: B. C. H. 4940 Eastern Avenue of INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., (A) (Questionable) Meningitis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) Ī. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. ō LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 1952, that I last saw the 22. I hereby certify that pattended the deceased from deceased alive on and that death occurred at_ m., from the causes and on the date stated above. 23A. SIGNATURE ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 5-19-52 24A. BURIAL, CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State) TION REMOVAL (Specify) DATE RECEIVED BY REGISTRAR'S 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

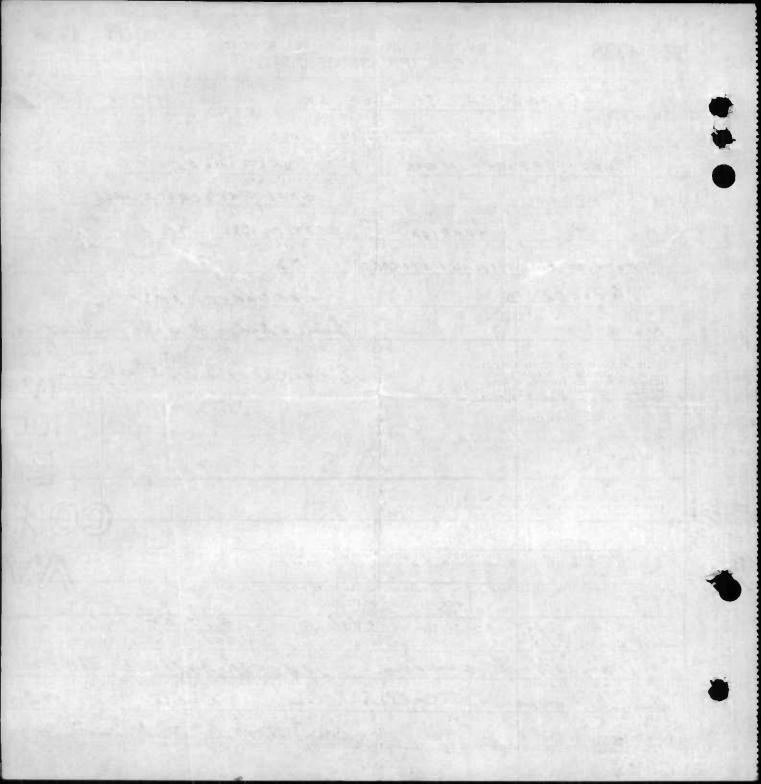
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Registered No.

BIRTH NO.

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3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If institution : re B. COUNTY before	esidence admission)		
B. FULL NAME OF (If not in hospital	or institution, give street address or	MD.				
HOSPITAL OR INSTITUTION	location)		outside corporate limits, write RURA	AL and give township)		
4001 FRE>	Yrs.	D. STREET ADDRESS (If I)		
c. Length of stay in Baltimore	Mos. Days	4001 FRE				
	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 24 Hours		
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10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		OF COUNTRY		
	MOVING & STORAGE	M).				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
GEORGE Z) .	MARGARE	T AMEK.			
(Yes, no or unknown) (If yes, give war or dates of	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	.0 4		
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deceased alive on	19, and that death occur		ic causes and on the date sta			
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Clavefy.	Munday. D.	1945/11	nalls 10 3/11	152		
24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)			OCATION (City, town, or county)	(State)		
Butial 5-20.	5x Cather	el Cem.	Octo.	md.		
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MAY 201352	290.	53				



HOT A MEDICAL EXAMINER'S CASE

CHIEF OR ASS'T, MEDICAL EXAMINER

CARL SCHOOL VALUE OF SERVICES

hefore admission)

Frederick

(If not in hospital or institution, give street address or

May 17,

2. DATE OF

DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence

B. CQUNTY

BIRTH NO.

1. NAME OF DECEASED (Type or Print)

A. Baltimore City, Maryland

3. PLACE OF DEATH:

B. FULL NAME	OF (If not in hospit	al or institu	tion, give street address or	Mary.	land	1201	ten 1.51	Com
HOSPITAL OR			location)		(If or	itside corporate li		RAL and give
INSTITUTION	Mercy Hos	pital		Balt	imore			township
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			Mos.				621	
c. Length of s	tay in Baltimore		Days	1604 The	tiora	Avenue	200	9
5. SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH		9. AGE (In years	H Under I Year	If Under 24 Hours
male v	white		ved, DIVORCED (Specify) arried	Sept. 18,18	201	60	Months Days	Hours Min.
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Dispat	cher	Yel.	low Cab	Baltimore,	Mary	land		
13. FATHER'S N	IAME			14. MOTHER'S MAI	DEN NAM	4E		A 114
9				Augusta Sci	illen	hero		
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			FINDINGS OF OPER	RATION			20.1	AUTOPSY?
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OF INJURY			WHILE AT NOT WHILE					
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22. I hereb	22. I hereby certify that I attended the deceased from Jule, 1956 to 5-17-, 1952 that I last saw the deceased glive on 5-17-, 1952 and that death occurred at 6 Pm., from the causes and on the date stated above							
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DATE RECEIVE		'S SIGNAT	URE.	25. FUNERAL DIRI			ADDRES	
LOCAL REGIST	To montes	12/10/	Maria Salata Contraction of the	Lepnard J.	Ruc	k, 5305	Harford	d Road
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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

A. STATE

Maryland

Bergmann

Dr. Siver

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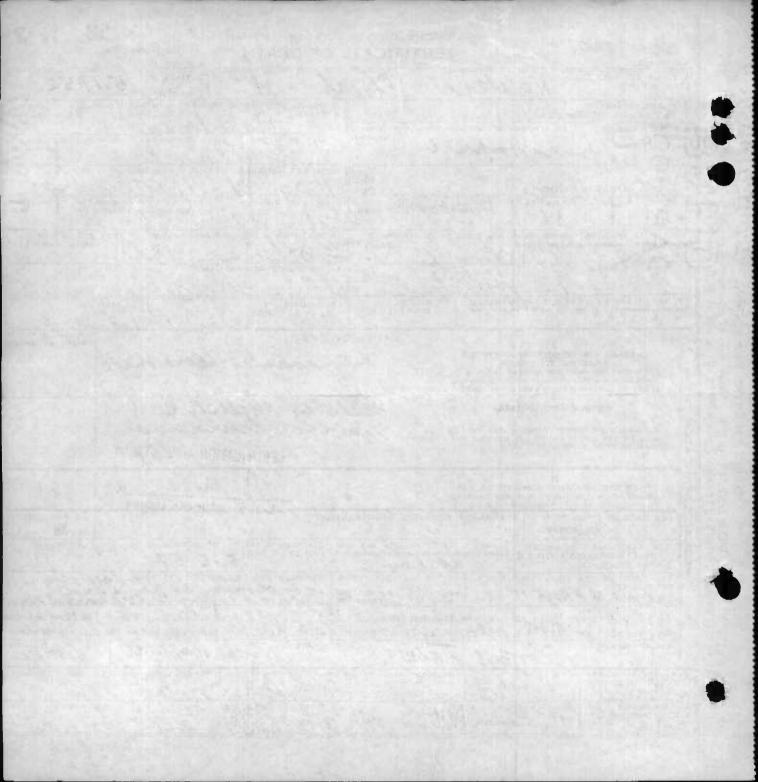
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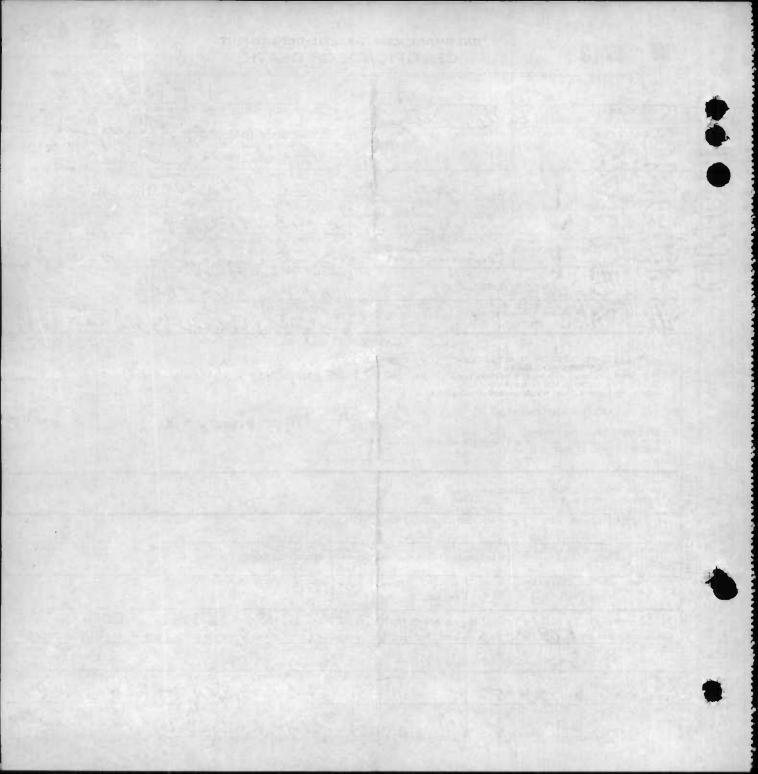
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description of the second second

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	52 4'	741	BAI		EALTH DEPARTMENT E OF DEATH	Registered	
	NAME OF D		ary E.	Trainor		2. DATE OF DEATH May	17, 1952
Α.		City, Maryland	ital as institut	ion, give street address o	4. USUAL RESIDENCE (A. STATE Marylar	B. COUNTY	institution: residence before admission
HC	SPITAL OR STITUTION	3057 Ma		location		f outside corporate limi	ts, write RURAL and give
c.	Length of s	stay in Baltimore	4	Yrs. Mos. Days	3057 Mayfie		
	sex eamel	6.COLOR OR RAC	WIDOW	E. MARRIED. VED, DIVORCED (Specify	8. DATE OF BIRTH Aug. 29, 1872	9. AGE (in years last birthday) M	H Under 1 Year onths Days Hours Min.
10 work	at hor	CCUPATION (Give kind of working life, aven if retire MO	of 10B. KINE	OF BUSINESS OR INDUSTRY	Baltimore, Mar		12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S				Margaret Baldy		
15 (Yes	. WAS DECEAS	ck Fahey ED EVER IN U. S. ARN (If you, give wer or d	IED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Mary C. S		ADDRESS 7 Mayfield
RTIFICATION	UNDERL	ANTECEDENT CA S OR CONDITIONS THE ABOVE CAUSE () THING CONDITION II SIGNIFICANT CON	, IF ANY, GIVII A) STATING TI LAST. DITIONS CO	N•	terior less pardial d	ezeweretu	м <u></u> <u></u> <u></u>
CE	TO THE C	G TO THE DEATH, BU	ON CAUSING				20, AUTOPSY?
AL	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPE			YES NO
1EDICA		DENT WAS UNDER OR CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.		(If in Baltimore City,	give exact location)
4	21D. TIME OF INJURY	(Month) (Day) (Ye	ar) (Hour) m.	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK			
	22. I here deceased of 23A. SIGNA	live of 5/1	ttended the	deceased from and that death occu	5/6, 1957-to 1/3 Pm., from 238. ADDRESS 26 23 (. W	5/17, 195 the causes and on	that I last saw the the date stated above
D.	AA. BURIAL ON, REMOVAL Burial ATE RECEIVE	Specify) 5/21/		New Cather	ERY OR CREMATORY 24D.	altimore, M	
L	VS 150	1352 173	utington	- Williams A	Monard J. Ru	ck, 5305 Hs	rford Road.
1							

Dr. Klimes 2623 E. Monument St.



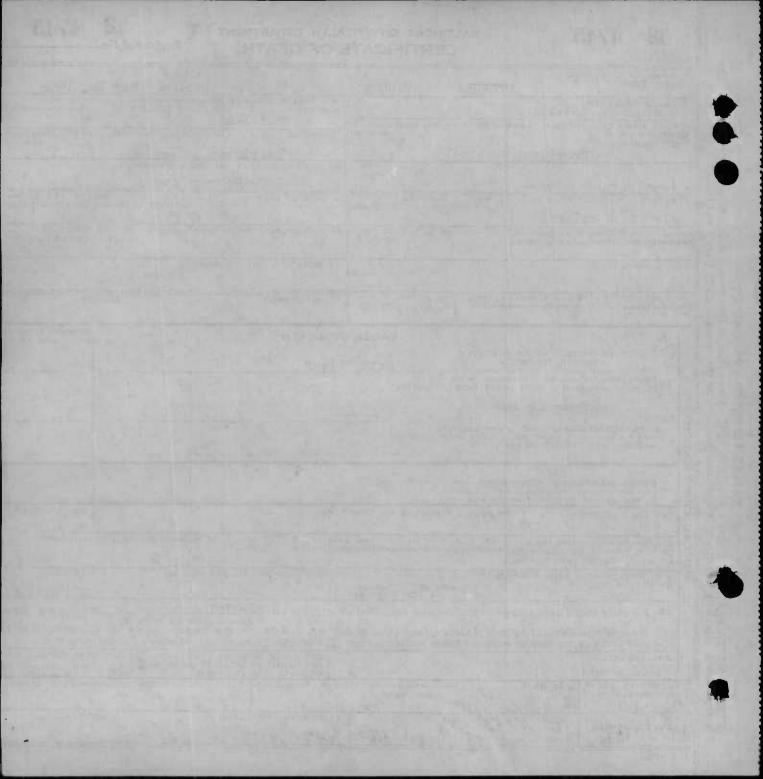


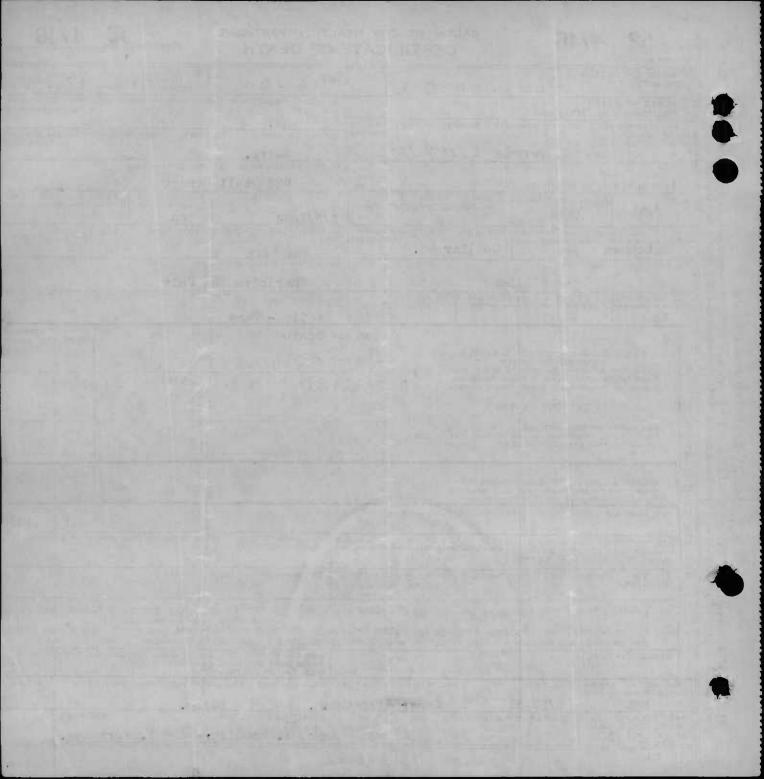
Company of the second art with a grant of the same of the Down Irushama Homes. your fast in group and 52 4745

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

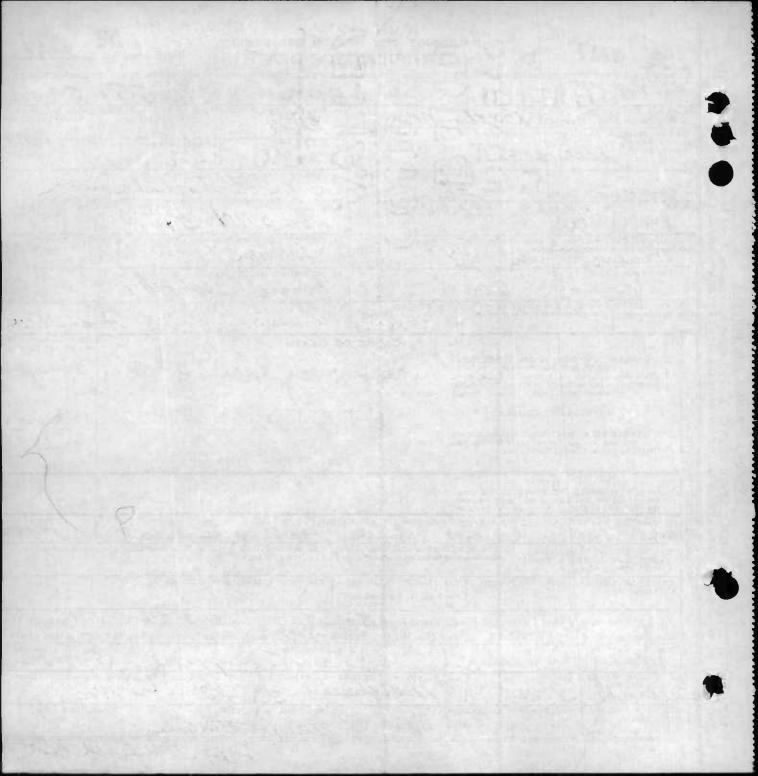
52 4745
Registered No.

BI	RTH NO.			CERTIFICATI	E OF DEATH		
	NAME OF E		ADMITTE	77 4 77 (77)		2. DATE OF	- 14 1050
-	PLACE OF D		ARTHUR	VAUGHN	4. USUAL RESIDENCE (Where deceased lived. I	
Α.	Baltimore (City, Maryland	1 :		A. STATE Maryland	B. COUNTY	before admission)
H	FULL NAME OSPITAL OR	OF (If not in nospi	tal or instituti	on, give street address or location)		f outside corporate lim	its, write RURAL and give
IN	ISTITUTION	Provident	Hospita	1	Baltimor	e // L	- 83 township)
				Yrs. Mos.	D. STREET ADDRESS (I	f rural, give location)	•
-		stay in Baltimore		Days		mont Avenue	If Under 1 Year If Under 24 Hours
	sex nale	6.COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	William of the transfer of the
		CUPATION (Give kind of working life, even if retired		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign count ()	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S	NAME	1		14. MOTHER'S MAIDEN	NAME	
1.5	WAC DECEAC	ED SUED' IN II C ADM	D FOREFCE	L 16 COCIAL			
	a, no or unknowa)	ED EVER IN U.S. ARME (If yes, give war or dat	.D FORCES? es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
RTIFICATION	(This doe heart fail injury or DISEASE RISE TO	SE OR CONDITION LEADING TO DE, s not mean the mode ure, asthonia, etc. It me complication which ANTECEDENT CAL SOR CONDITIONS, THE ABOVE CAUSE (A YING CONDITION I	ATH of dying, e. g cans the diseas caused death ISES IF ANY, GIVIN) STATING TH	e, .) DUE TO			
ERTIF	TRIBUTIN	SIGNIFICANT CONE G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D			
U	19A. DATE	OF OPERATION	198. MAJOR	FINDINGS OF OPER	RATION		YES X NO
EDICAL	UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB CAUSE OF DEATH	about home, f	CE OF INJURY (e. g., i arm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK		RY OCCUR?	
	the en	idence obtained by eath in my opinion	rge of the	remains described of	nbovc, held an partia Autopsy Inquiry, find that said a K X, accident _, suicide 238. CHIEF MEDICAL ASSISTANT MEDICAL	deccased died on $c \square$, homicide \square ,	the day stated above
2	TA. BURIAL.	CREMA-1 24B. DATE	Du		ASSISTANT MEDICAL I.D. MEDICAL INVESTIGA RY OR CREMATORY 240.	TOR	May 17, 1952 n, or county) (State)
TI	ON, REMOVAL (Specify)	14/959	Imt au	burn We	short 2	nd
M	ATÉ RECEIVE	BY REGISTRAF	atour /	Misses- Mit	25 FUNERAL DIRECTOR	2. Gilson	ADDRESS
V	S 151) -		1		

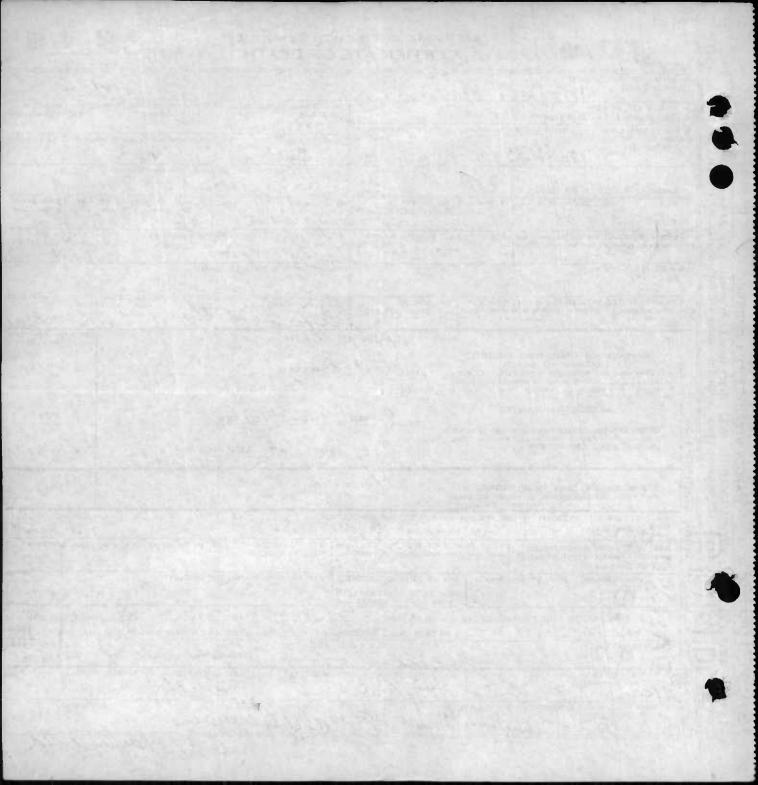




-	1	20			
The	ВІ	52 4747		CITY HEALTH DEPARTMENT	Registered No. 4747
F	1.	NAME OF DECEASED AT	HUR	LONG	2. DATE OF DEATH 6-17-52
di	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF. (If not in h	Ballo Nes	A. STATE	here deceased lived. If institution: residence B. COUNTY before admission)
пу.	H	ISTITUTION CHINE		1 4 1	outside corporate limits, write RURAL and give
ca leg.	c.	Length of stay in Baltimo	re Tale	Yrs. Mos. Days 3/03	rural, give location)
and be	5.	SEX 6. COLOR OR R.	WIDOWED, DIVORCE	ED (Specify) 8. PATE OF BIRTH July 10, 1901	9. AGE (In years lost birthday) Months Days Hours Min.
on should clearly an	10 work	A. USUAL OCCUPATION (Avelated to done string most of working life ave if	sind of 10B. KIND OF BUSINE	SS OR NDUSTRY A. BIRTH LACE (State or for NDUSTRY)	reign ountry) 12. CITIZEN OF WHAT COUNTRY
matic	13	. FATHER'S MAME	Inco Tobacco	14. MOTHER'S MAIDEN N.	we wy the
infor is of d	15 (Yes	5. WAS DECEASED EVER IN U.S. A 6, no or unknown) (If yes, give war o	RMED FORCES? or dates of service) 16. SOCIAL SECURI		A 2122 Colordale Clas
Every item of i		18. 443 X DISEASE OR CONDITI	ON DIRECTLY	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
Every write t		(This does not mean the m heart failure, asthenia, etc. I injury or complication wh	ode of dying, e.g., (A) (A)	e continue certi	<u> </u>
1		ANTECEDENT C			
NK	Z		(B)	HIGND	10-15 yrs.
NG INK.	CATION	DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITIO	NS, IF ANY, GIVING (A) STATING THE DUE TO N LAST.	HTCID	10-15yrs.
1 524	RTIFICATIO	DISEASES OR CONDITION	NS, IF ANY, GIVING (A) STATING THE DUE TO N LAST. (C)	HTCID	10-Kyrs.
H UNFADING Physicians: p	L CERTIFICATIO	DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION II OTHER SIGNIFICANT CO	NS, IF ANY, GIVING (A) STATING THE DEPTH OF THE TO (C) DIVIDITIONS CONBUT NOT RELATED ITION CAUSING IT.		20. AUTOPSY?
1 524	ERTIFICATIO	DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITIO OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, TO THE DISEASE OR CONDI 19A. DATE OF OPERATION OF 5-5-52 21A. ACCIDENT WAS UNDE LYING OR CONTRIBUTION	NS, IF ANY, GIVING (A) STATING THE N LAST. (C) DINDITIONS CONBUT NOT RELATED BITON CAUSING IT. 19B. MAJOR FINDINGS CALLAL 21B. PLACE OF INJU	OF OPERATION Whay Christa N RY (a. g., isor 21c. WHERE DID (I	
H UNFADING Physicians: p	DICAL CERTIFICATIO	DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITIO OTHER SIGNIFICANT CO. TRIBUTING TO THE DEATH, TO THE DISEASE OR CONDI 19A. DATE OF OPERATION • 5-5-52 21A. ACCIDENT WAS UNDER	ONDITIONS CONBUT NOT RELATED TION CAUSING IT. 19B. MAJOR FINDINGS 21B. PLACE OF INJUING 21B. PLACE OF INJUING Year) (Hour) 21E. INJURY WHILE AT	OF OPERATION RY (a.g., if or t.office bidg., etc.) OCCURRED NOT WHILE	20. AUTOPSY? YES NO f in Baltimore City, give exact location)
PLA , WITH UNFADING ecially apportant. Physicians: p	DICAL CERTIFICATIO	DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITIO OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, TO THE DISEASE OR CONDI 19A. DATE OF OPERATION • 5.5.2	ONDITIONS CONBUT NOT RELATED TION CAUSING IT. 19B. MAJOR FINDINGS 21B. PLACE OF INJUING Year) (Hour) 21E. INJURY WHILE AT WORK A attended the deceased fr	OF OPERATION RY (e.g., is or t.office bidg., etc.) OCCURRED NOT WHILE AT WORK OM. \$5-1-5219, to \$5	20. AUTOPSY? YES NO f in Baltimore City, give exact location) OCCUR?
PLA , WITH UNFADING ecially apportant. Physicians: p	DICAL CERTIFICATIO	DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITIO OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, TO THE DISEASE OR CONDI 19A. DATE OF OPERATION - 5-5-52	ONDITIONS CONBUT NOT RELATED TION CAUSING IT. 19B. MAJOR FINDINGS 21B. PLACE OF INJUING Year) (Hour) 21E. INJURY WHILE AT WORK A attended the deceased fr	OF OPERATION RY (a.g., if or t., office bidg., etc.) OCCURRED NOT WHILE AT WORK TOM 21F. HOW DID INJURY TOM 31. ADDRESS OF OPERATION (I) (I) (I) (I) (I) (I) (I) (I	20. AUTOPSY? YES NO f in Baltimore City, give exact location) OCCUR?
SE WRITE PLA C. WITH UNFADING se is especially exportant. Physicians: p	DICAL CERTIFICATIO	DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITIO OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, TO THE DISEASE OR CONDI 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDE LYING OR CONTRIBUTIN CAUSE OF DEATH 21D. TIME (Month) (Day) (OF INJURY) 22. I hereby certify that deceased alive on 1	ONDITIONS CONBUT NOT RELATED TION CAUSING IT. 19B. MAJOR FINDINGS 21B. PLACE OF INJUING 21B. PLACE OF INJUING Year) (Hour) 21E. INJURY WHILE AT WORK Autended the deceased from the company of the	OF OPERATION RY (a. g., if or t. office bldg., etc.) OCCURRED NOT WHILE AT WORK OCCURRED 21F. HOW DID INJURY OCCURRED AT WORK AT	20. AUTOPSY? YES NO f in Baltimore City, give exact location) OCCUR? 1-5219, that I last saw the causes and on the date stated above 23C. DATE SIGNED
WRITE PLA ; WITH UNFADING se is especially exportant. Physicians: p	MEDICAL CERTIFICATIO	DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITIO OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, TO THE DISEASE OR CONDI 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDE LYING OR CONTRIBUTIN CAUSE OF DEATH 21D. TIME (Month) (Day) (OF INJURY 22. I hereby certify that deceased alive on 23A. SIGNATURE AN REMOVAL (Specify) AN REMOVAL (Specify)	ONDITIONS CONBUT NOT RELATED TION CAUSING IT. 19B. MAJOR FINDINGS 21B. PLACE OF INJUING 21B. PLACE OF INJUING Year) (Hour) 21E. INJURY WHILE AT WORK Autended the deceased from the company of the	OF OPERATION RY (a. g., if or t. office bldg., etc.) OCCURRED NOT WHILE AT WORK OCCURRED 21F. HOW DID INJURY OCCURRED AT WORK AT	20. AUTOPSY? YES NO f in Baltimore City, give exact location) OCCUR? 1-5219, that I last saw the causes and on the date stated above 23c. DATE SIGNED



e	52 4748 CERTIFICA	TE OF DEATH Registered No.	4748
J. Th	1. NAME OF DECEASED (Type or Print) Josephine Kelthoff	2. DATE OF DEATH 5/19	15-2
5	a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution : residence before admission
	B. FULL NAME OF (If not in hospital or institution, give street address location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, v	vrite RURAL and give township
O A	Sinai Hospital, Baltimore, Ma Yrs C. Length of stay in Baltimore Life Day	3. 12 = 20 Breaffer / C +	
should be early and l	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special Color)	8. DATE OF BIRTH 9. AGE (in years) If Um	lei l Yesi If Under 24 Hems he Days Hours Min.
shoul	10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUST	11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF WHAT COUNTRY
nation	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	43.74
information s of death cle	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yee, no or unknown) (If yee, give war or dates of service) SECURITY NO	Eliford Cally 125 %	PRESS
of	18. / 7 / X CAUSE	E OF BEATH	INTERVAL BUTWEEN
40 0	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	dremia	2 weeks
Every i	Injury or complication which caused death.) DUE TO	1 1 00.	
INK.	O DISEASES OR CONDITIONS, IF ANY, GIVING	nal Insufficiency	2 Weeks
ADING cians:	UNDERLYING CONDITION LAST.	elnoma of Cervical Strup post operative	2 Years
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON-		
hert.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP May 1951 Carcinoma of	eration rvical Stump	20. AUTOPSY?
Y, WITE	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bld		e exact location)
N.	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP OF INJURY WHILE AT NOT WHI	ILE	
E PLA	22. I hereby certify that I attended the deceased from deceased alive on May 14, 1952, and that death occ	May 8 1952 to May 19 1982	that I last saw th
TE WRITE	23A. SIGNATURE Verbet Care in M. D.	238. ADDRESS Levai Hospital Belt. my	23c. DATE SIGNED
	242 BURIAL, CREMA- 248. DATE 24C. NAME OF CRIME PROPERTY, 3/23/52 HOLY Specify,	TERY OR CREMATORY 24D. LOGATION (City, town, or	county) (State)
PLE	DATE RECEIVED BY REGISTRAR'S SIGNATURE	V23. FUNERAL DIVECTOR	DDRESS
	VS 150	6067 Houfe	nd Ma



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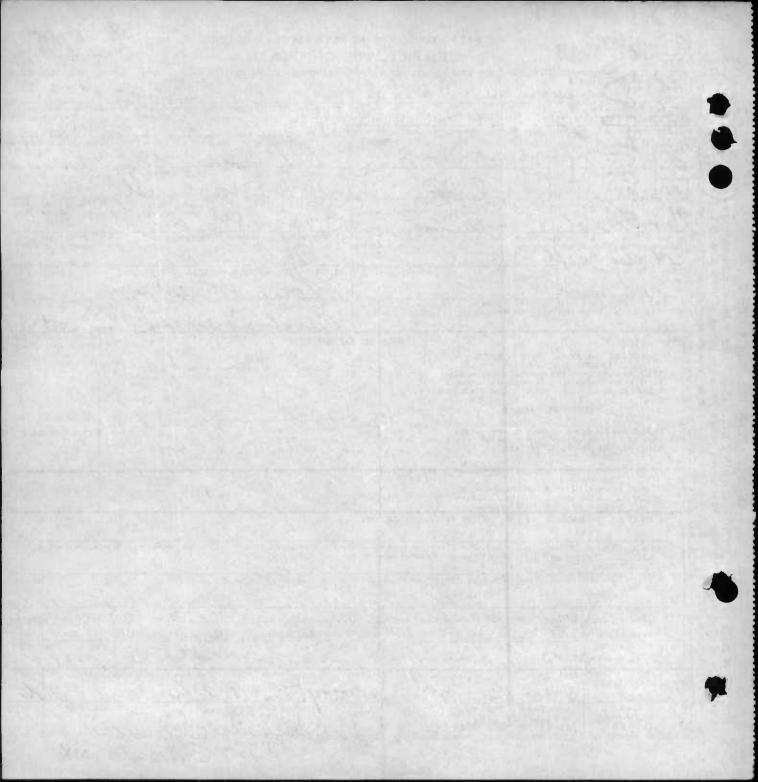
В	RTH NO.	
	NAME OF DECEASED belle and 2. DATE OF DEATH 5-	17-8'2
3. A.	PLACE OF DEATH: Baltimore City, Maryland Procedure 4. USUAL RESIDENCE (Where decensed lived, If inc. B. COUNTY)	stitution : residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or Mary land)	
	OSPITAL OR STITUTION (If outside corporate limits,	write RURAL and give township)
1 4	promain the Ballimore	0
	Yrs. D. STREET ADDRESS (If rural, give location)	
	Length of stay in Baltimore Days 1240 C. Cagoo St.	
9		der Year H Under 24 Hours hs: Days Hours : Min.
7	Emale Col Widow 3-15-1888 64	
wor	A. USUAL OCCUPATION (Givekind of domeduring most of working life, every if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	of the second	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT	
(Ye	s, no or ooknown) (If yes, give war or dates of service) SECURITY NO.	RESS
_	Wilhelming ingkem so	mer get 8x
	18. 260 X CAUSE OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(This does not mean the mode of dying, e.g.,	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	
Z	(B) Agherlenner,	
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
AT	UNDERLYING CONDITION LAST.	
FIC	(C)	***************************************
F		
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
U	TO THE DISEASE OR CONDITION CAUSING IT.	1.00
AL	19a, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
U	21A. ACCIDENT WAS LINDER. 21B. PLACE OF INJURY (e.g., io or 21C. WHERE DID (If in Baltimore City, giv	YES NO
1EDI	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, ferm, fectory, street, office bidg., etc.) LYING OF DEATH (If in Baltimore City, giv INJURY OCCUR?	e exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHILE AT WORK TO WORK AT WORK	
		el at 7 last and 1
	22. I hereby certify that I attended the deceased from 19, to 5-16, 1957,	
	deceased alive on 5-/6, 195' and that death occurred at 6 238. ADDRESS	date stated above.
	Beage B. Cidemo M.D. 2327 Or huth are	5-17-5-2
2	AA. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or Dr., REMOVAL (Specify)	county) (State)
1	Durial 5-20-52 MX Calvary En a. a. Co	mil
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	DDRESS
1	1AY 20 1357 Huntington Williams My (Resissor C) anders	2)
=	All Visit I would be the second of the secon	0.
	VS 150	X W

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 4749

Registered No.



AU/50

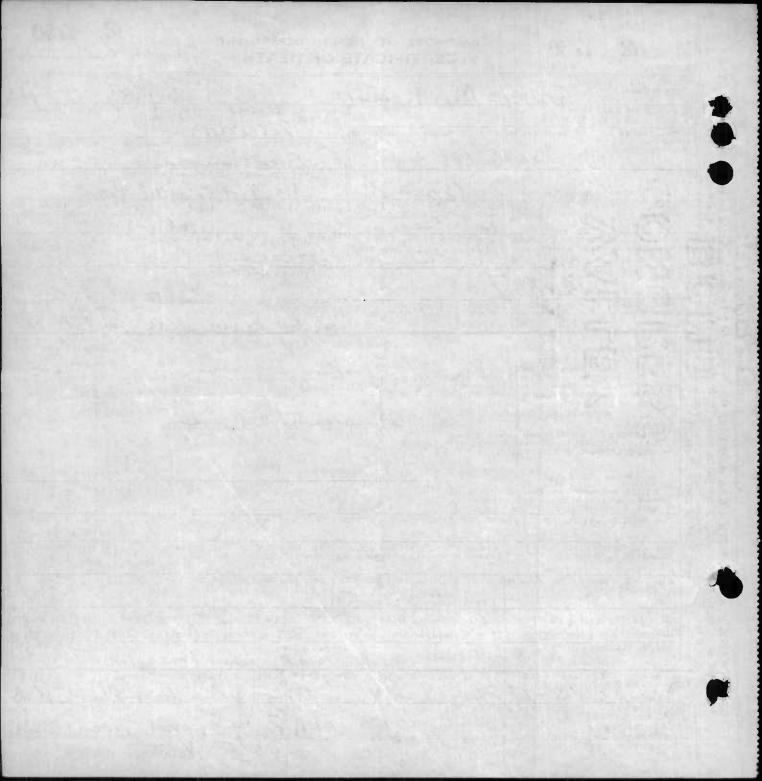
BALTIMORE CITY HEALTH DEPARTMENT

52 4750

he	В	IRTH NO.	CE	RTIFICAT	E OF DEATH	Registered N	0
H	1. (T	NAME OF DECEASED 'ype or Print)	je M.	Rous	15	2. DATE Mar	184/52
Z.	A.	Baltimore City, Maryland			4. USUAL RESIDENCE	Where deceased lived. If	nstitution: residence before admission
ST. CHIN	H	FULL NAME OF (If not in hospital OSPITAL OR ISTITUTION 3024 females)	double	Ref. Yrs. Mos.	Ballio	If outside corporate limits	s, write RURAL and give
oe co		Length of stay in Baltimore 6. COLOR OR RACE	7 SINGLE MA	Zeas Days	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year If Under 24 Hours
uld l		KA W	marr.	RRIED. OIVORCED (Specify)	O. DATE OF BINNI	last birthday) Mor	nths Days Hours Min.
information should less of death clearly and	worl	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	10B, KIND OF	USINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
	13	B. FATHER'S NAME MICHAE	1	accepted	14. MOTHER'S MAIDEN	NAME	
infor s of d	15 (Ye	5. WAS DECEASED EVER IN U.S. ARMED (If yee, give wer or dates		SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
em of		18. 420.1		CAUSE	OF DEATH	1s. 3024 .fe	INTERVAL BETWEEN
ite		DISEASE OR CONDITION I	'H	0	man pechis		ONSET AND OEATH
Every write th		(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which co	f dying, e. g., ns the disease,	DUE TO			
• 0)	7	ANTECEDENT CAUS	Es	(B) ateris	relative CII a	users	cuns .
NG INK	CATION	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA:	STATING THE	DUE TO			4
NFADINC hysicians:	TIFI	11		(C)			
UNFADING Physicians: 1	CER	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	***************************************			
hri .	AL (DINGS OF OPER	RATION	-22 10-65	20. AUTOPSY?
, WITH	EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE O	FINJURY (e. g., i	or 21c. WHERE DID	(If in Baltimore City, g	YES NO Live exact location)
	M	21D. TIME (Month) (Day) (Year) OF INJURY	WHILE		ED 21F. HOW DID INJUR	RY OCCUR?	
re PLA especially		22. I hereby certify that I atte	m. work		1987 to	Tray 17.1957	, that I last saw the
RITE is esp		deceased alive on hoy 17		that death occur	rred at 7 Am., from	the dauses and on th	e date stated above
Ann.		23A. SIGNATURE	or human	∽. M. D. 2	1037 M. Cale	+ 54-	23c. DATE SIGNED
Ree		4A. BURIAL CREMA- 24B. DATE ON, REMOVAL (Specify)	-52 Gs	NAME OF CEMETE	RY OR CREMATORY 24D.	-molson	or county) (State)
PLE		ATE RECEIVED BY REGISTRAR'S	- 14/11.	access to the	25. FUNERAL DIRECTOR	8 / 2	ADDRESS

VS 150

39064 440 E. North ave.



MARGIN RESERVED FOR BINDING

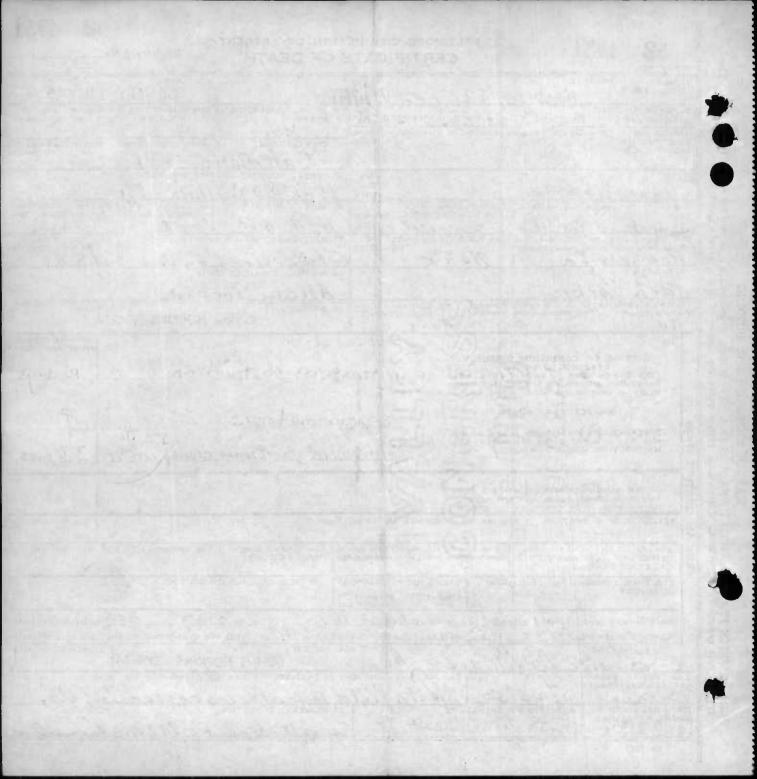
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

4751

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Henrietta Trene Whiting 2. DATE OF DEATH MAY 19 1	952
3. PLACE OF DEATH: A. Baltimore City, Maryland JOHNS HOPKINS HOSPITAL A. STATE B. COUNTY B. COUNTY B. COUNTY	: residence fore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RI	IPAY and aim
Baltimane 14-02	township)
Yrs. o. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Days 15-31 Ma Culloh St.	
5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. 8. DATE OF BIRTH 9. AGE (in years last birthday) Months Days	If Under 24 Hours Hours Min.
Lemale Colored married 6-4-02 50 OA. USUAL OCCUPATION (Glyckind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITI:	
ork done during most of working life, even if retired) INDUSTRY	T COUNTRY
Housewife Mone (Tloucester Co., Va. U.S.	·A ·
Park Corbin Alice Corbin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT - ADDRESS	
Yes, no or unknown) (If yes, give war or dates of service)	
	VAL BETWEEN
DISEASE OR CONDITION DIRECTLY	A C
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	days
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES (B) CENCINOMETOSIS	?
DISEASES OR CONDITIONS, IF ANY, GIVING	
UNDERLYING CONDITION LAST. (c) Epielermoid Careinoma cesoey utes i?	6 mas
	A
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	AUTOPSY?
YES 21A. ACCIDENT WAS UNDER: 21B, PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact	
LYING OR CONTRIBUTING about heme, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 5-14- 1952 to 6-19- , 1952 that I	last saw th
deceased alive on 5-19-, 1952 and that death occurred at 10-13 Am., from the causes and on the date s	tated above
23A SIGNATURE DIFFERENCE CONTROL 23C. D. CONTR	ATE SIGNED
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24O. LOCATION (City, town, or county) (State)
TIOM REMOVAL (Specify) 5/25/52 Swith field Bootist Glaveret C	120
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS	SS .
MAY 2 1 132 Huntington Valuaries My Clare of Son - 802 made	· · an

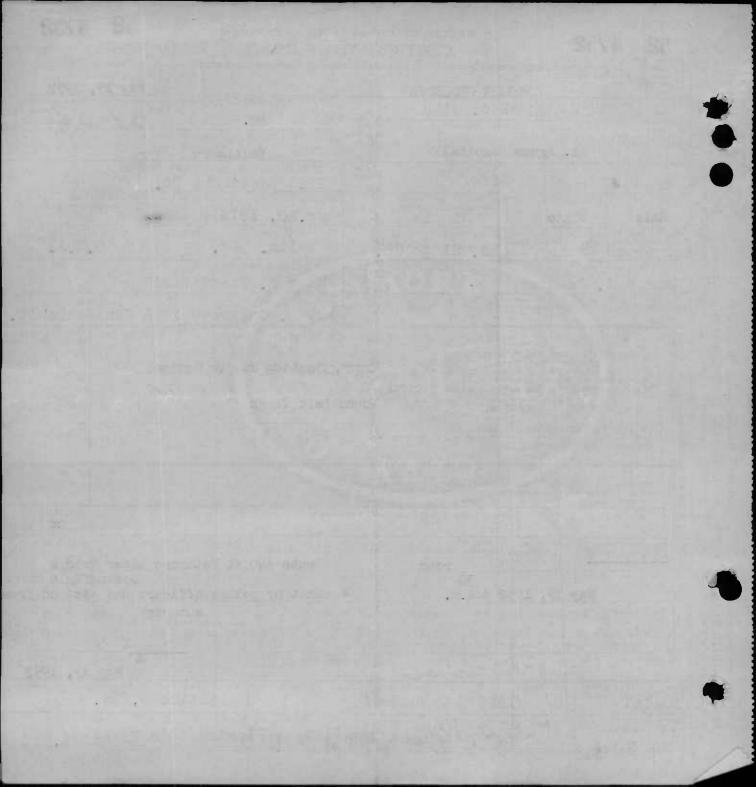
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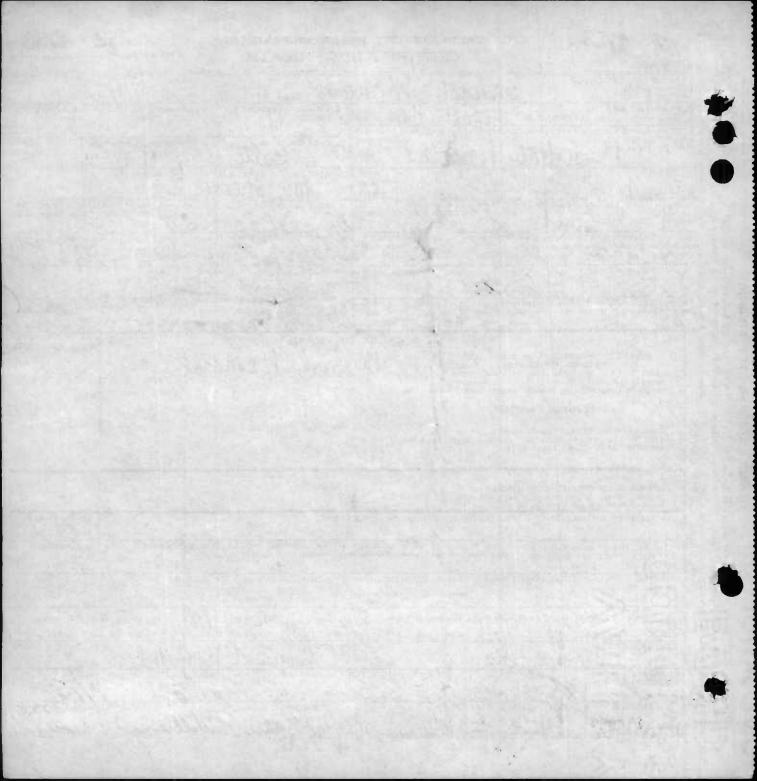


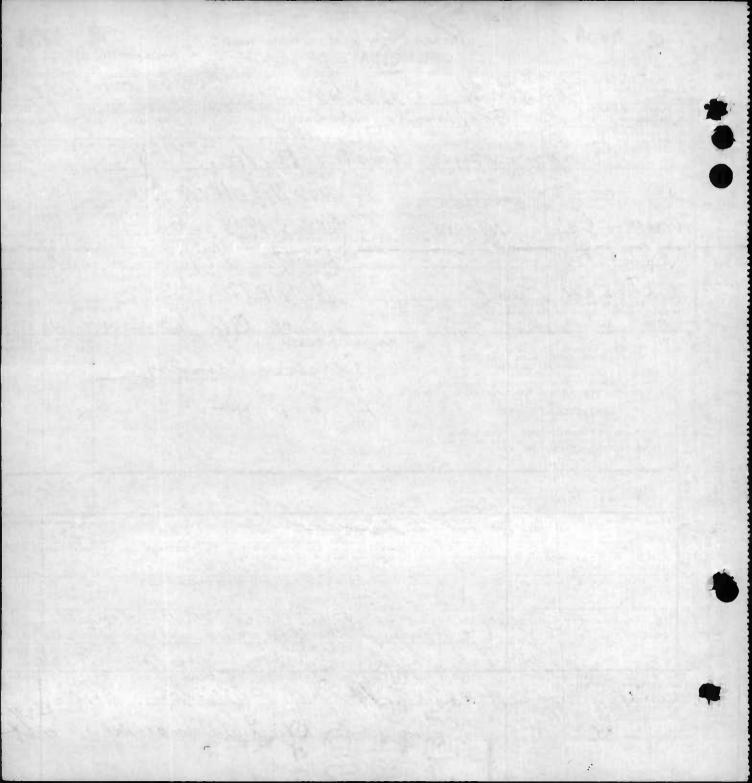
LOCAL REGISTRAR

N/890.

4752 Registered No ... DEATH May 19, 1952 before admission) (If outside corporate limits, write RURAL and giv. township 9. AGE (In years | | Under | Year | | Under 24 Hours | last birthday) | Months | Days | Hours | Min. 12. CITIZEN OF U.S.A. COUNTRY ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) Springfield Hosp. thereon and from 23c. DATE SIGNED yan & Floming 1426 Light St







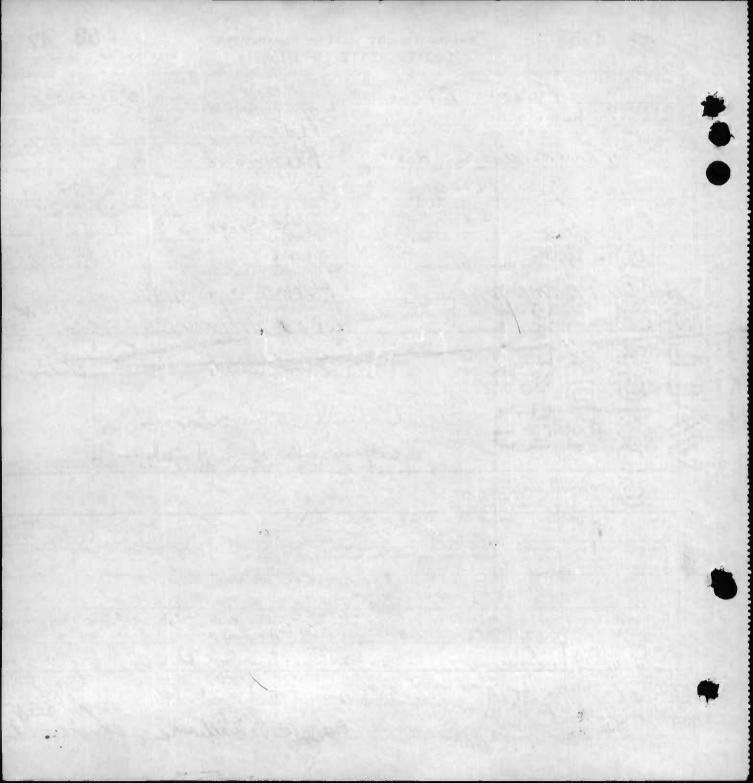
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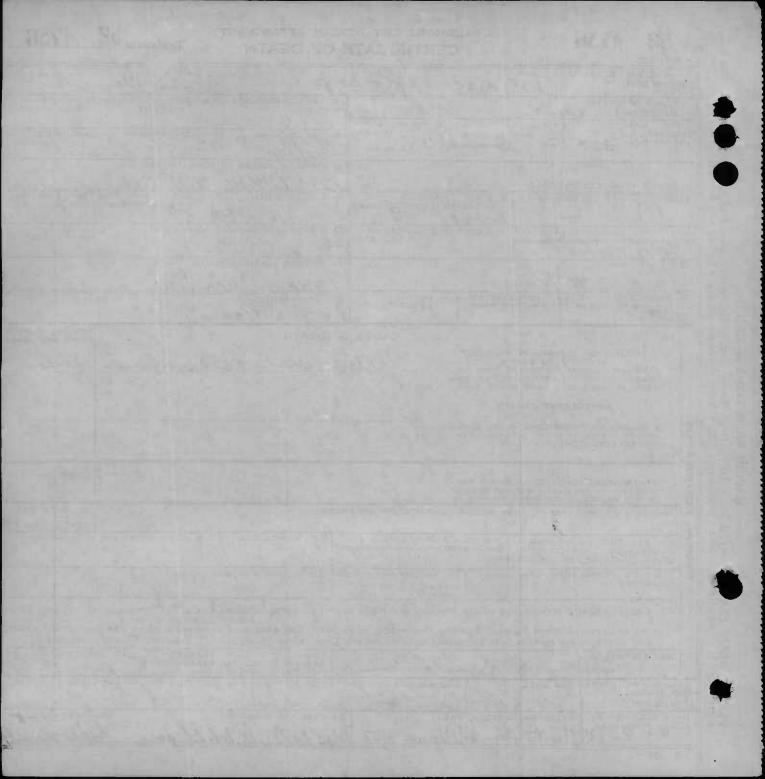
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

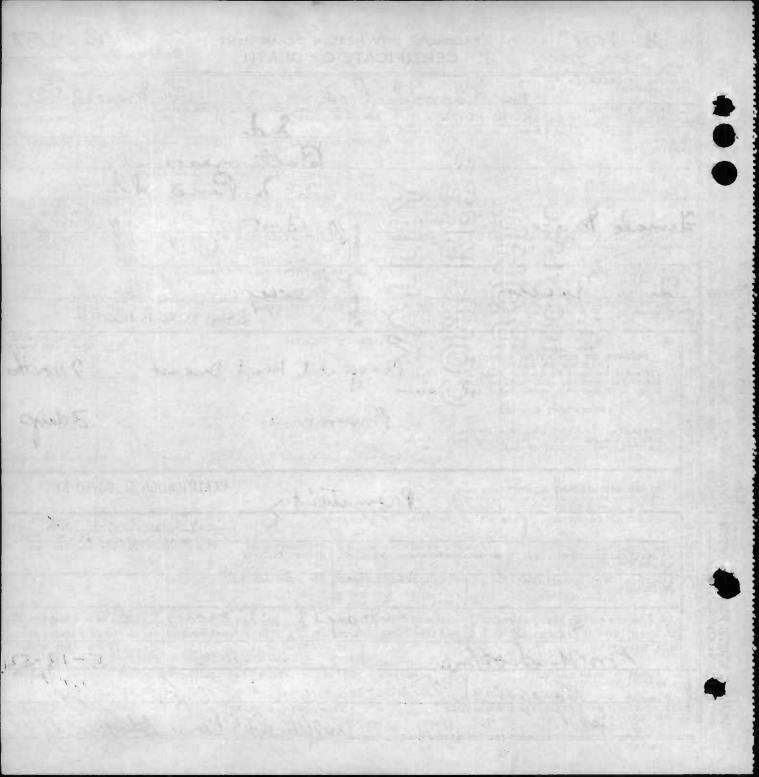
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Registered	No	1100

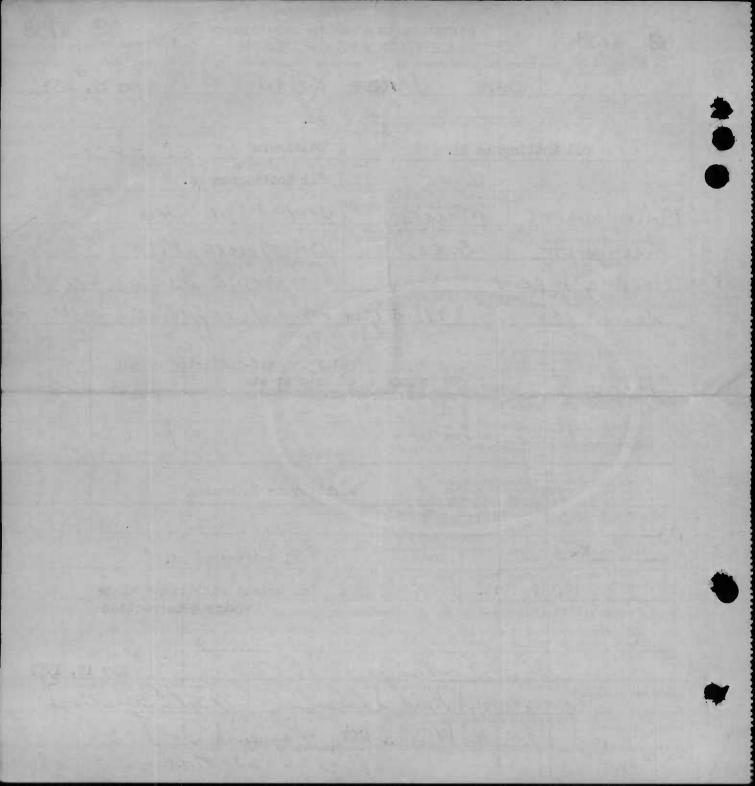
BIE	RTH NO.			CERTIFICAT	L OF DEATI		
	NAME DF DE pe or Print)					2. DATE	
		FLE	ET , 1	EONA			-17-52
A.]		EATH: City, Maryland			A. STATE	NCE (Where deceased lived. B. COUNTY	
	ULL NAME (OF (If not in hospits	al or instituti	ion, give street address or location)		. The second of	
INS	TITLITION!	FRANKLIN	1 = 0		C. CITI OR TOWN	10	mits, write RURAL and give township)
3	/	TANDALIN	2 4		BALTIM		701.
			1.4	Yrs. Mos.		(If rural, give location)	
		tay in Baltimore	LIF	Days	1150	SCHROEDE	
٥, .	F	6. CDLDR OR RACE	7. SINGLE	MARRIED, (Specify)	8. DATE OF BIRTH	In set binet dans (Months Days Hours Min.
10/	USUAL OCC	CUPATION (Give kind of	10B. KIND			State or foreign country)	12. CITIZEN OF
work	Houring most of	working life, even if retired)		INDUSTRY	096		WHAT COUNTRY!
13.	FATHER'S N	AME			14. MOTHER'S MA	IDEN NAME	
	UONN	INOMP	SON		MADACO	LA SMITA	
15. (Yes,	WAS DÉCEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS //
	No			SECORITI NO.	Leadia	/hambson	Saprocela Il
	18. 442	Y		CAUSE	OF DEATH		INTERVAL BETWEEN
	77-	E OR CONDITION	DIRECTLY	^ 0	0 1/	1	ONSET AND DEATH
	(This does	not mean the mode of	TH of dying, e.g.	(erel	1 / Kem	sul age.	11 days
	heart failur	re, asthenia, etc. It mean	ns the disease	e,		V	
) 60210	0	A THE STATE OF	
7		ANTECEDENT CAUS	ES	Carele	en la cuite		
O		OR CONDITIONS, IF				203000	
ATI		HE ABOVE CAUSE (A)		E OUE TO	0 -1	11 1	
U	(c) authors conver Hypertennici						
E.		and a li					
RTI		IGNIFICANT CONDITO THE DEATH, BUT					
O.	TO THE DI	SEASE OR CONDITION					
1	19A. DATE OF	F OPERATION 1	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTDPSY?
DICA		La company of the	7 71 4			21.	YES NO
Ш	LYING OR CAUSE OF E	ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., i arm,factory,street,office bldg.,			y, give exact location)
Σ -		Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			CALLED
-	* * * .1		m.	WORK AT WORK		10 -10 10	()
	22. I hereby certify that I attended the deceased from 5-6-52, 19, to 5-17, 1953, that I last saw the deceased alive on 5-17, 1952, and that death occurred at 330 Am., from the causes and on the date stated above.						
-	deceased ali		., 1926. 0	1 2	238 ADDRESS .		1 23C DATE SIGNED
	23A. SIGNAI	1 14 6		SELECTION SELECTION	7 da la Palem	Sq. Hosp.	23C. DATE SIGNED
24	A. BURIAL C	REMA- 24B DATE		M. O. 24C. NAME OF CEMETE		24 LDCATION Lity, tov	
ano	N. REMOVAL (S.	becify)	10-0	91/4 11/0	1. None	RAST	Mal
DA	ANALY EL	BY REGISTRAN	170 Z	III. amili	MI WIT	DOWN	ADDITION TO A
149	TE RECEIVED	2 Timber		RE 14-TO	25. FUNERAL DIRE	A. C.	ADDRESS 3211
1111	1 50 190	16 James	non !	obliques, Mar.	Mo Salte G	Williams	surredust
	VS 150	6	,				



<-	12	5/ 1/35	EALTH DEPARTMENT	red 52 4756		
The		RTH NO.		red No.		
Ē.	1. (T	NAME OF DECEASED THOMAS REE		May 17, 1952		
-	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTER B. COU			
•	HO	FULL NAME OF (If not in hospital or institution, give street address of location STITUTION 225/12/5 Duil Hill Constitution		e limits, write RURAL and give township)		
E S		Yrs.	D. STREET ADDRESS (If rural, give location	pn)		
callegib		Length of stay in Baltimore Days SEX. 6.COLOR OR RACE 7. SINGLE, MARRIED.		Ars If Under 1 Year If Under 24 Hours		
ld be		WIDOWED DIVORCED (Specify Married Cop.)	March 15, 1894 58	y) Months Days Hours Min.		
on should clearly a		A. USUAL OCCUPATION (Give kind of conduction of conduction of most of working life, even if retired) INDUSTR	11. BIRTHPLAGE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
tion h cle	13	FATHER'S NAME	14. MOTHER'S MANDEN NAME	177.0		
NDING information s of death cl	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	ADDRESS		
	(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Vingina Roose			
C =		TOTAL OF CONDITION DIFFCTIVE	OF DEATH	ONSET AND DEATH		
FO it the		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	enoschentie Cardiovose	ulan disease		
Ever.		injury or complication which caused death.) DUE TO				
EH Se C.	Z	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING				
G INI plea	ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)(C)				
MARGIN I UNFADING Physicians: 1	IFIC	II OTHER SIGNIFICANT CONDITIONS CON-				
MAI NFA hysic	ERTI	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
н.	LC	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	RATION	YES NO		
, WITH	EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., about home, farm, factory, atreet, office bldg		City, give exact location)		
P. P.	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR. OF INJURY MILE AT WORK NOT WHILE AT WORK	E			
TE PL/ especial	the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day state					
WRITE e is esp		and death in my opinion resulted from: natural eaus	es D, aceident D, suicide D, homicide	, undetermined .		
ධ්ර		Travley & Durlachur	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	May 18, 195		
60 29	27	AA. BURIAL, CREMA- 240. DATE 24C. NAME OF CEMET	Church Com Wahwish	town, or county) (State)		
PLE4 correc	DL	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS 322 M		
		S 151	CR MILLIAMS	W. Comment		





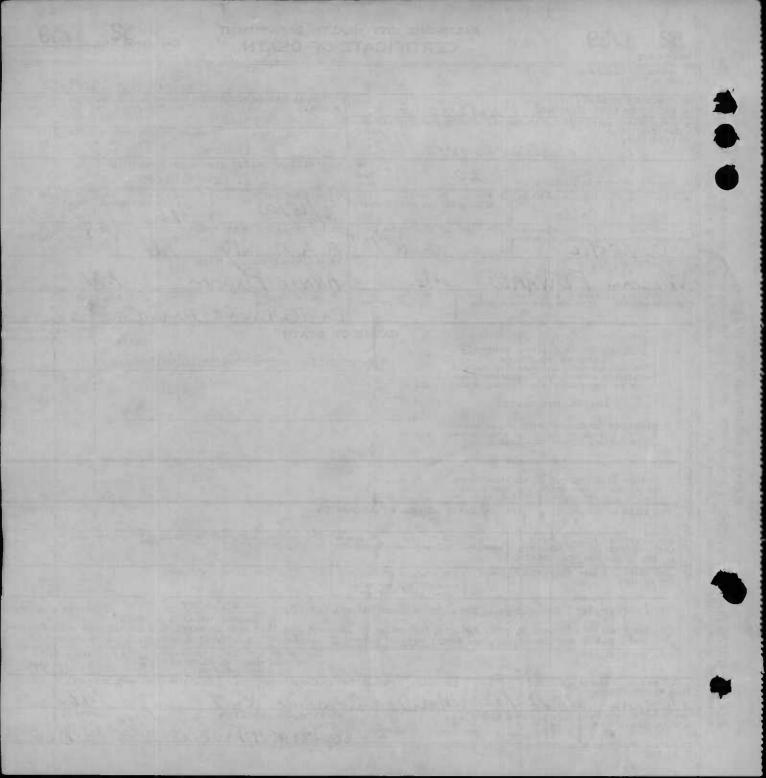


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered No.	4/09
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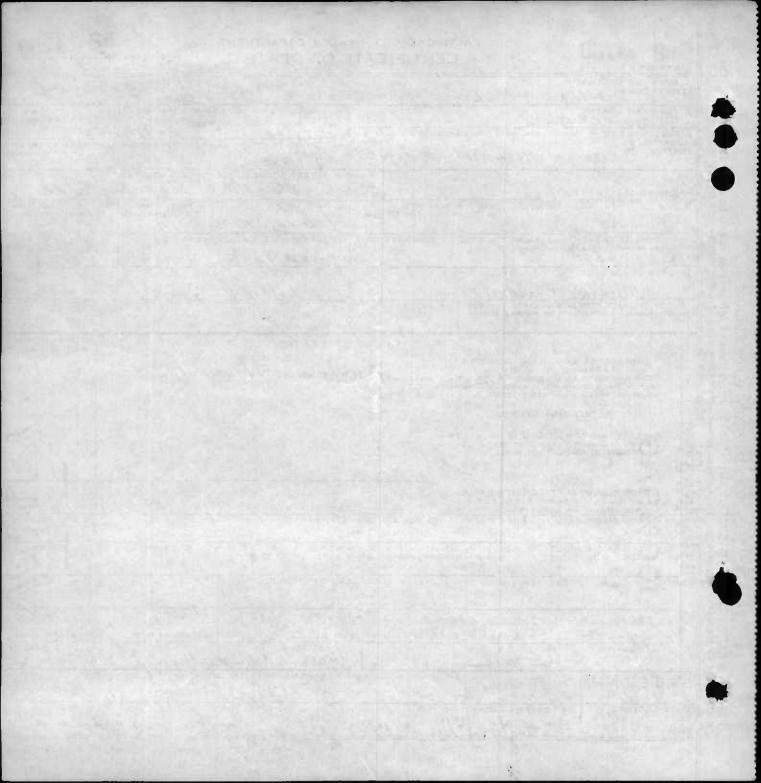
B1	RTH NO.			CERTIFICATI	OF DEATH	registere	1110
	NAME OF D	ECEASED				2. DATE	
(T)	ype or Print)	L.	AURA	BOONE		OF DEATH Ma	у 19, 1952
	PLACE OF D	EATH: City, Maryland	130-5	1036	4. USUAL RESIDEN	ICE (Where deceased lived, B. COUNTY	If institution: residence before admission)
-	FULL NAME			tion, give street uddress or	Mary	2 1	octore admission,
HC	SPITAL OR STITUTION			location)	c. CITY OR TOWN	(If outside corporate lin	mits, write RURAL and give
	3111011014	Universi	ty Hosp	ital	Balt	imore 2-3-	township)
-			20 /	Yrs.	D. STREET ADDRES	S (If rural, give location)	
c.	Length of s	tay in Baltimore	2-6	Mos. Days	34 W	. Cross Street	
5.	SEX	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months: Days Hours: Min.
	Female	Colored	111201	725,5176/(GES (Specis)	8/13/03	4/6	
		CUPATION (Give kind of of working life, even if retired)		O OF BUSINESS OR	11. BIRTHPLACE (Ste	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
W 01 2		STIC	1-13 5	11/08/	A. A. Pour	Ty IM	WITAT COOKING
13	FATHER'S				14. MOTHER'S MAIL	EN NAME	
1	MILLIAN	1 FDWATE	175	18/d,	ANNIE 5	NOOKS	Mil
15	. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	7.00	ADDRESS
(1 60	, no or unknown)	(If yes, give war or date	es of service)	SECURITY NO.	DANIEL BY	ONE 34 W.C.	mare CT
	18. 44:	2. ✓		CALISE	OF DEATH		INTERVAL BETWEEN
	11	SE OR COMPLETION	DIRECTLY		OF DEATH		ONSET AND DEATH
		SE OR CONDITION LEADING TO DEA	TH	Human	tensive cardi	ovascular dises	ise
	heart failt	s not mean the mode are, asthenia, etc. It me	ans the disea	se, (A)			***************************************
	injury or	complication which	caused deat	h.) DUE TO			
		ANTECEDENT CAU	SES				
Z	DISEASE	S OR CONDITIONS,	IF ANY, GIVI	(B)	***************************************		
NOIL	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.						
RTIFICA		11					
F		SIGNIFICANT COND S TO THE DEATH, BUT					
ш		ISEASE OR CONDITION	•				
U,	19A. DATE	OF OPERATION	198. MAJOR	FINDINGS OF OPER	ATION		YES X NO
AL	OA - EVERN	LAL CAUCE WAS	1 2 IR PI	ACE OF INJURY (e. g., in	or 21c. WHERE DIE	(If in Baltimore City	y, give exact location)
DIC,	UNDERLYIN	NAL CAUSE WAS	about home.	farm, factory, street, office bldge			,, , , , , , , , , , , , , , , , , , , ,
ш		CAUSE OF DEATH					
Σ	OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID I	NJURY OCCUR?	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
			m.	WORK AT WORK	_1		
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from							
Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,							
and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square .							
	23A. SIGNA	TURE	11		23B, CHIEF MED	DICAL EXAMINER	23C. DATE SIGNED
	11/	Olsenall Mour	XX		.D. MEDICAL INVES	STIGATOR	May 20, 1952
710	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
1	JUNE 1/4 L		15-	MADEINY C	FAFILY (1. 61. 12001 4	111.1
	ATE RECEIVE		- James	1/3///	25. FUNERAL DIREC	CTOR /g/	ADDRESS
IV		159 Tuest	ingloss	Williams, My	VVA-6-24 182 /17	JACKSON DE	WIVA AVE
\overline{v}	S 151		0	70.	20		
B.				1200	A		V



23c DATE SIGNED

ADDRESS

Registered No. 5-20-52 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) Baltimore (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) Raven 9. AGE (In years | H Under I Year | H Under 24 Hours last birthday) | Months; Days | Hours: Min. 12. CITIZEN OF WHAT COUNTRY? US ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY



before admission)

township)

Il Under 24 lleurs

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

ADDRESS

12. CITIZEN OF

USA

VS 151

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH May 18, 1952 ROSCOE PALMER CAMELIAN 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give Provident Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. life Mos. c. Length of stay in Baltimore 1215 N. Stricker St. Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) July 19, 1900 Male Colored 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY Barber Balto. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) Susie Abrams 16. SOCIAL 17. INFORMAN Arnetta Palmer 1215 N. Stricker (Yes, no or unknown) 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive Heart Disease (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) . FIC 11 OTHER SIGNIFICANT CONDITIONS CON-RTI TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office bldg., etc.) 0 UTING [] CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident [], suicide [], homicide [] undetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .. X 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) National May 23 1952 REGISTRAR'S SIGNATURE DATE RECEIVED BY Geo. G. Kelson 1303 Presstmen St. LOCAL REGISTRAR

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. I SHALL SHEET STATE S medical at Alle Malacult one and the many Res de Paleran

Med. Exam Case BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A Baltimore City, Maryland JOHNS HOPKINS HOSPITAL A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION IMORE Yrs. D STREET ADDRESS (If rural, give location) Mos. yrs c. Length of stay in Baltimore Days should be MARRIED Il Under I Year 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) | Months | Days | Hours | Min. Married 10A, USUAL OCCUPATION (Glvekinder 14. BIRTHPLACE (State or foreign country) BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR abour 13. FATHER'S NAME. BINDIN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give wer or dates of service) (Yes, no or uokoown) SECURITY NO. JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN 18. +20,0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY ne LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase. RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. ICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. Physicians: UNFADIN RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 198, MAJOR FINDINGS OF 19A. DATE OF OPERATION 20. AUTOPS EDICAL important. (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., io or 21c. WHERE DID LYING OR CONTRIBUTING ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 5 -1952 to 5-19-, 1952 that I last saw the RITE is esp deceased alive on 5-19 , 1952 and that death occurred at 430 Hm., from the causes and on the date stated above. 238. ADDRESS JOHNS 23A. SIGNATURE 23c. DATE SIGNED 24A, BURNAL, CREMA-24B. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR

HOT A MEDICAL EXAMINER'S CASE

SHEET OF ASST. MEDICAL EXAMINER

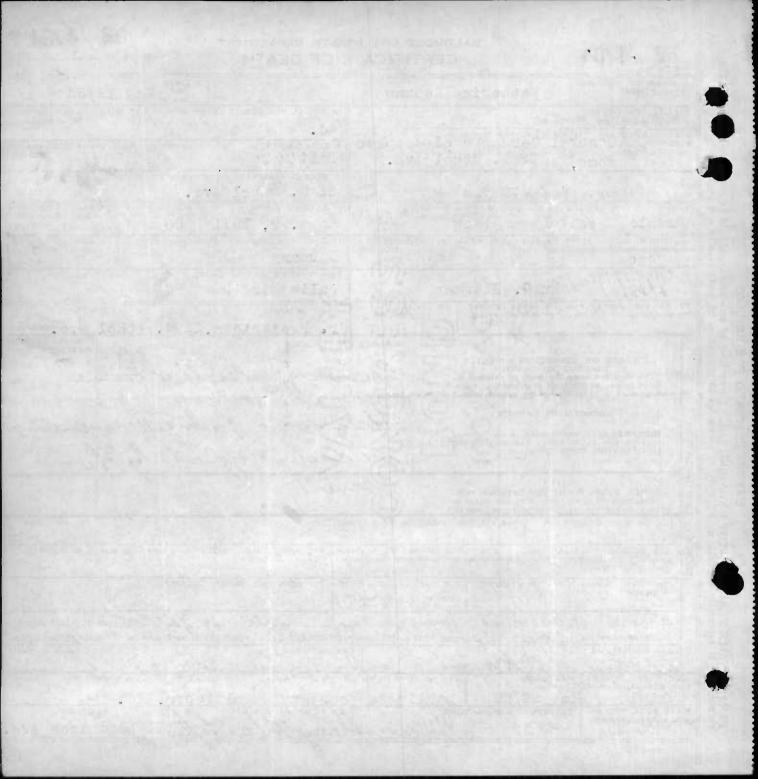
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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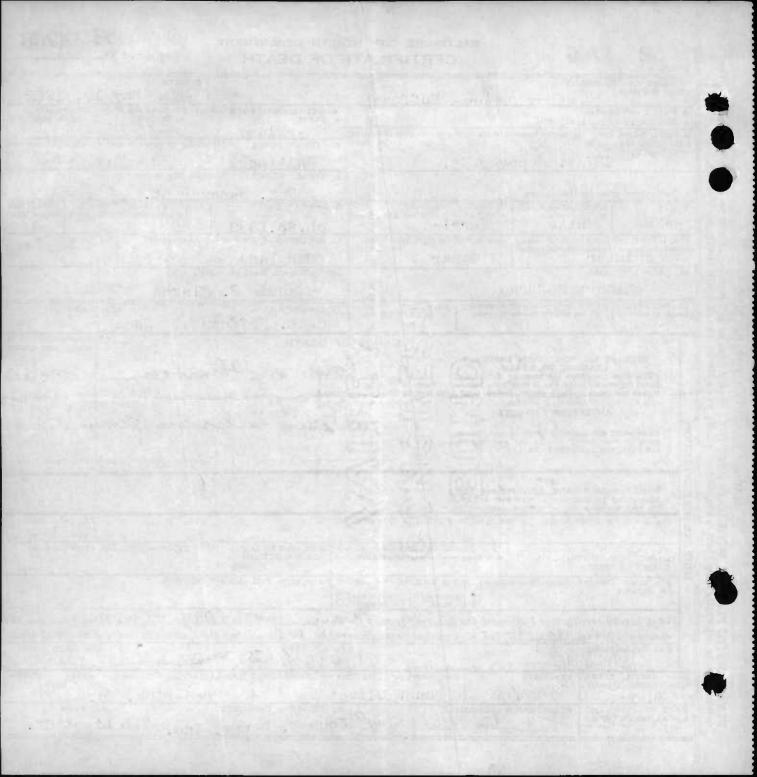
Registered No.

1					
1. NAME OF DECEASED (Type or Print) Katherine Neuman	of May 19/52				
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give greet address or HOSPITAL OR GENERAL GERMAN (GENERAL)					
Home 22 S. Athol Ave.	Baltimore (If outside corporate limits, write RURAL and give township)				
Yrs.	D. STREET ADDRESS (If rural, give location)				
c. Length of stay in Baltimore 70 yrs Mos.	22 S. Athol Ave.				
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WILDOWED, DIVORCED (Specify) WILDOW	Sept. 9, 1871 9. AGE (In years Months: Days Hours Min.				
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	II. BIRTHPLACE (State or foreign country) Germany 12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
14t#/// John G. Eierman	Julia Streib				
15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
	Sr. Fredericka, 22 S. Athol Ave.				
	OF DEATH INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	ONSET AND GEATH				
(This does not mean the mode of dying, e.g., (A)	is - Tesperatory Freder				
heart failure, asthenia, etc. It means the disease,	a factor of all the state of th				
Injury or complication which caused death.) DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING	DISEASES OR CONDITIONS, IF ANY, GIVING (B) Williams & Julian Constant of the C				
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
(c) Ellis	accessed; generally for				
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22. I hereby certify that I attended the deceased from Zen, 1951, to 19 May, 1954 that I last saw the					
deceased alive on 19 Man, 1952 and that death occur	red at 11:30 Pm., from the cayogs and on the date stated above.				
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TION, REMOVAL (Specifor	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
Burial May 22/52 Baltimore C	emøtery Baltimore. Md.				
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS				
MAY 201952 Huntington Williams At	arry 74. Chi 14 101 Edmondson Ave.				
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52 4786 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH The BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF May 19. 1952 Harry Osborne Hoffman DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A Baltimore City, Maryland B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 927 S. Hanover St. Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. on should be c 927 S. Hanover St. c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Male White Married Feb. 23.1882 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doued uring most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s Owner Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Hoffman Fannie F. Flagan 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO causes No Ada L. Hoffman Same of INTERVAL BETWEEN 18. CAUSE OF DEATH item ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY Every ite Coron en 2 homboris Cirterio - sclerorio (gene LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY DICA YES 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WRITE PLA 22. I hereby certify that I attended the deceased from TK ay 1947 to 1 11au 14, 19 Ithat I last saw the deceased alive on May 16, 1952, and that death occurred at A.m., from the chiscs and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR 24A. BURIAL, CREMA-2 B. DATE 5/22/52 Mount Olivet Frederick. Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS 715 Light St. Denny. VS 150 2904M

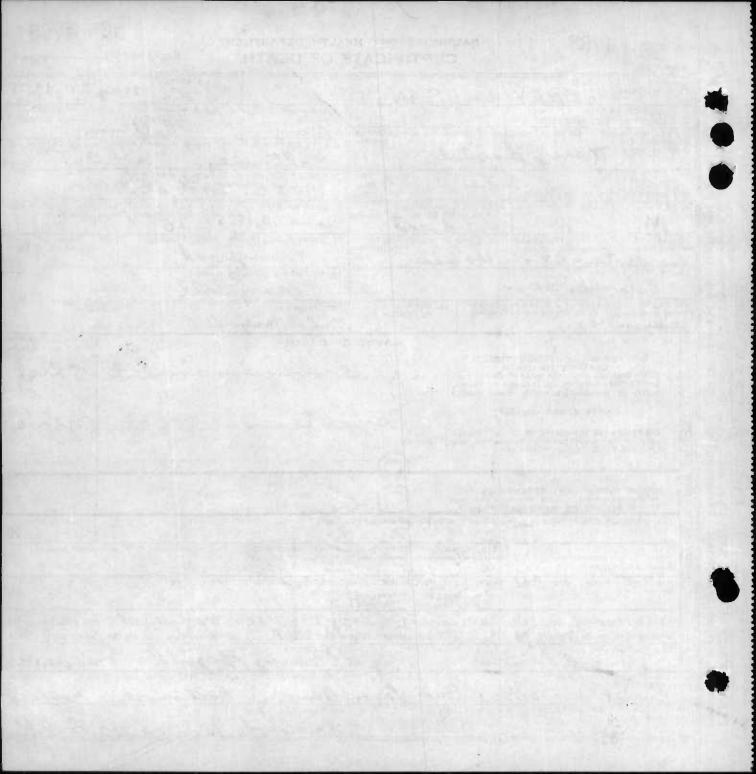


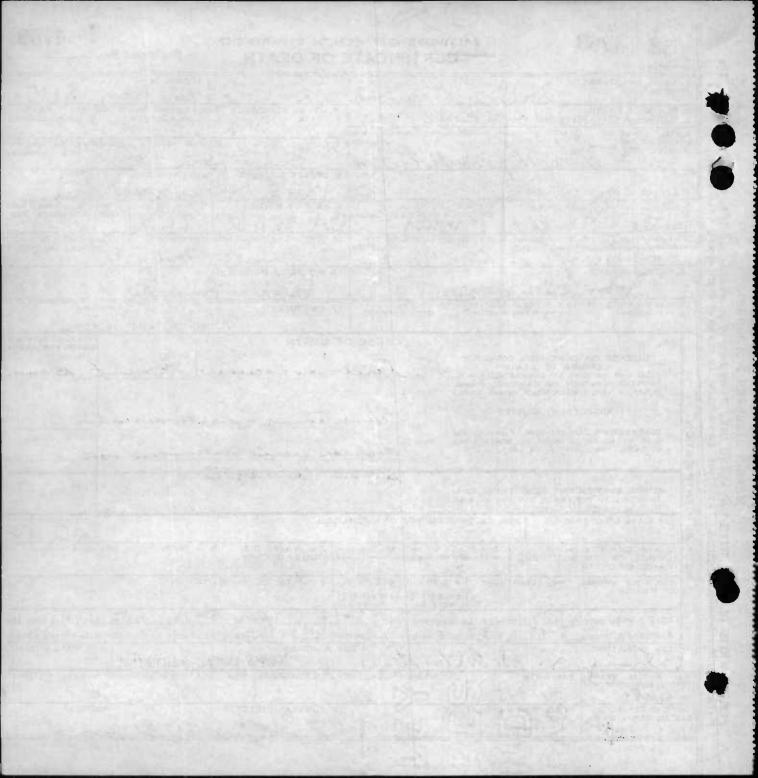
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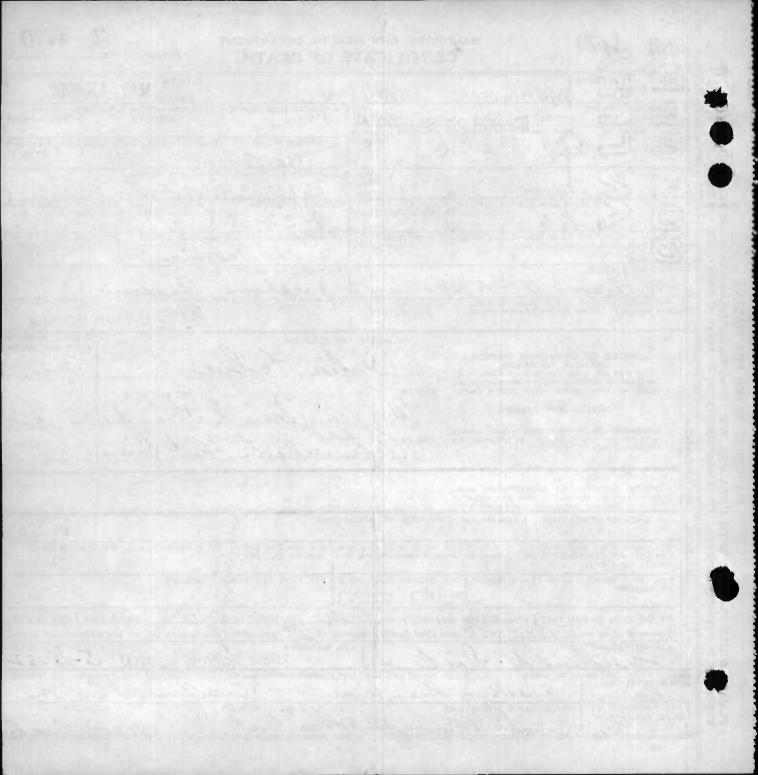
Registered No. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give location) 20 th 8+ 9. AGE (In years) Il Under 1 Year last birthday) | Months: Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location)

23c. DATE SIGNED

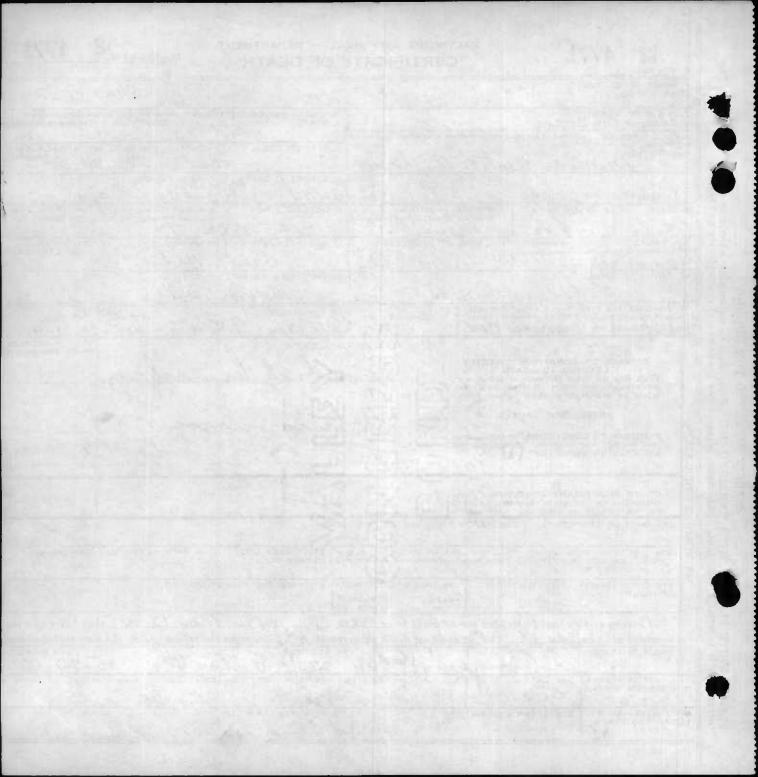
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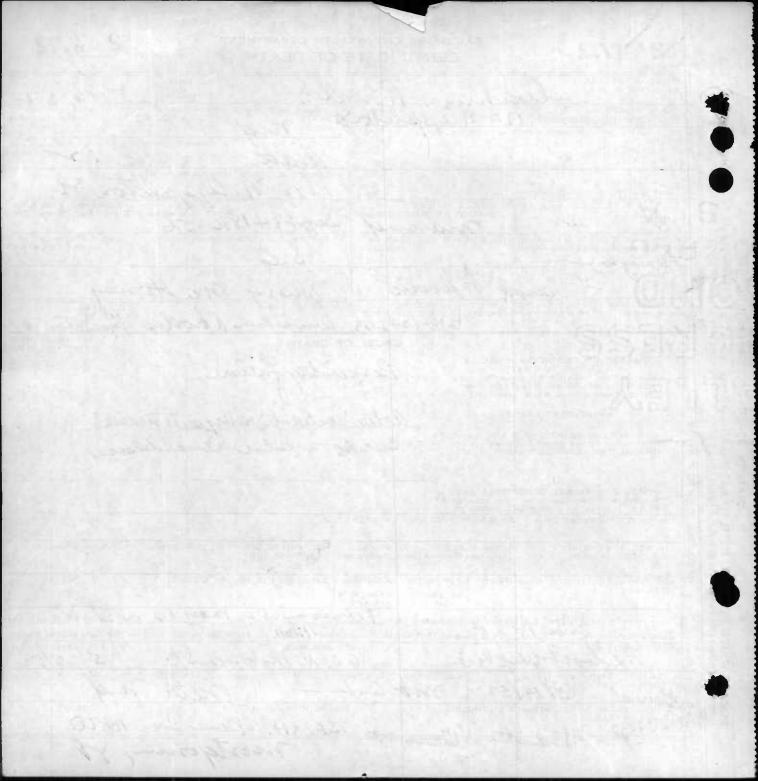




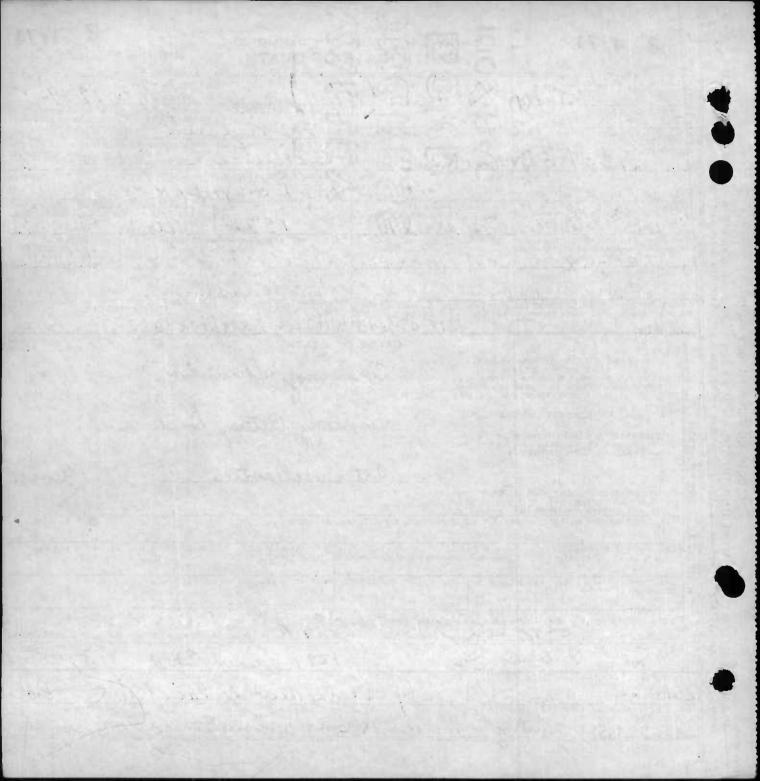


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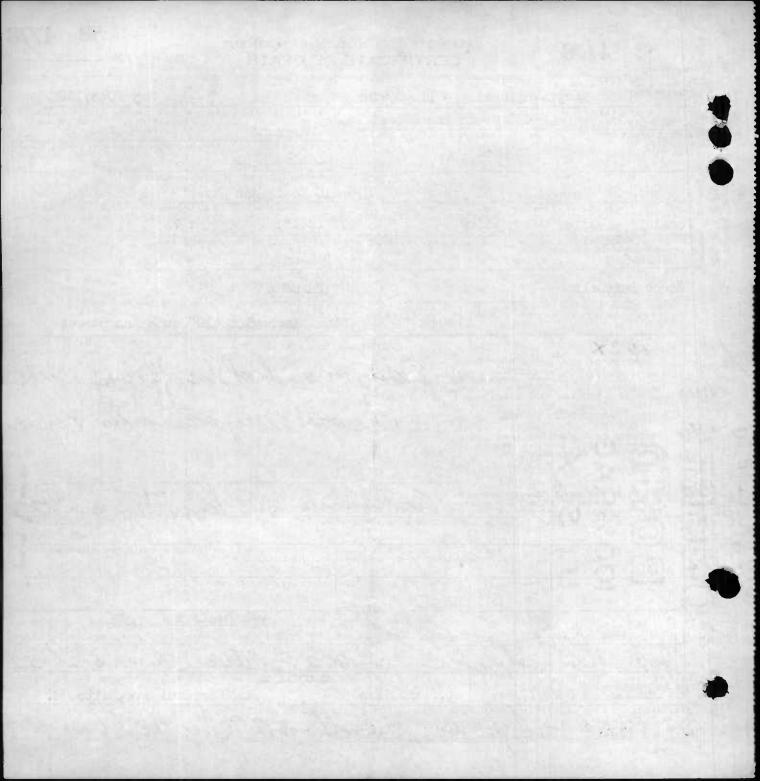
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	BIRTH NO.	E OF DEATH Registered No.
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_	B. PLACE OF DEATH: A. Baltimore City, Maryland 100 4 8 3 6 5	4. USVAL RESIDENCE (Where deceased lived If institution: residence B. COUNT before admission
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-	Yrs. Mos. C. Length of stay in Baltimore Days	o. STREET ADDRESS (Itrural, give location)
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	2 Music 5-23-52 St May 6	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR MAY 201552 + 4 4 4/10	25 FUNERAL DIRECTOR ADDRESS

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1	4	125		DAL	TIMORE CITY HE	EALTH DEBART	MENT		52	4776
The	BI	52 RTH NO.	4776		CERTIFICAT			Registered	No	
E		NAME OF D ype or Print)	ECEASED Lucya Wol	inski	* Blachowicz			2. DATE OF DEATH MAY	20th,195	52
Ny Cari	3. PLACE OF DEATH: A. Baltimore City, Maryland 410 South Ann Street B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION At Home					4. USUAL RESIDE A. STATE Maryland C. CITY OR TOWN Baltimore-	d (If or		institution : 1 before	residence e admission)
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orta	MEDIC	HOMICIDE	ENT, SUICIDE, (Specify)	about bome, fa	CE OF INJURY (e. g., l irm, factory, street, office bldg.,	etc.) INJURY OCCU	R?	in Baltimore City,	give exact lo	eation)
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Registered No.

before admission)

May 8, 1952 DEATH

BALTIMORE CITY HEALTH DEPARTMENT

last birthday) | Months: Days | Hours: Min.

ADDRESS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

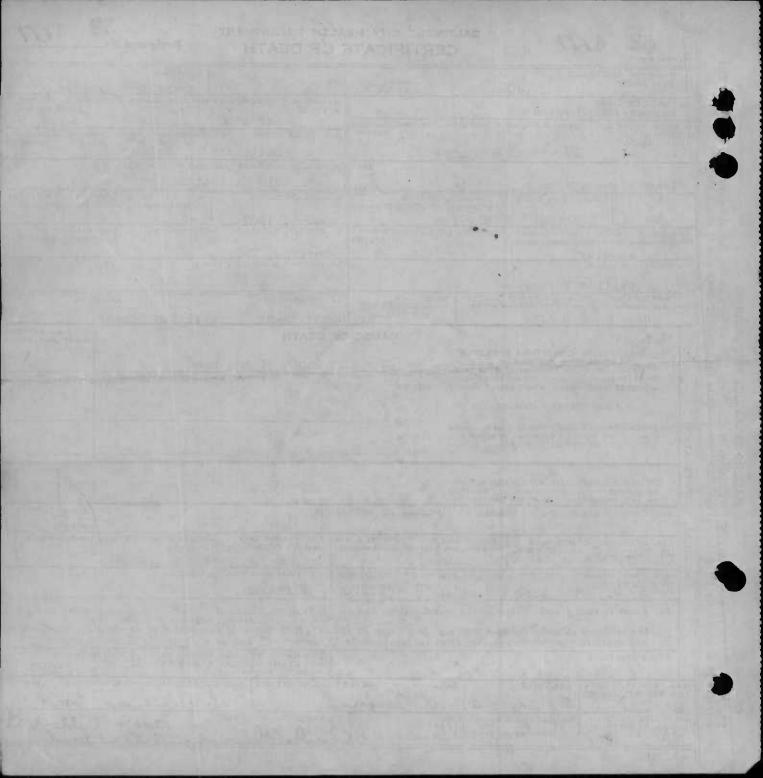
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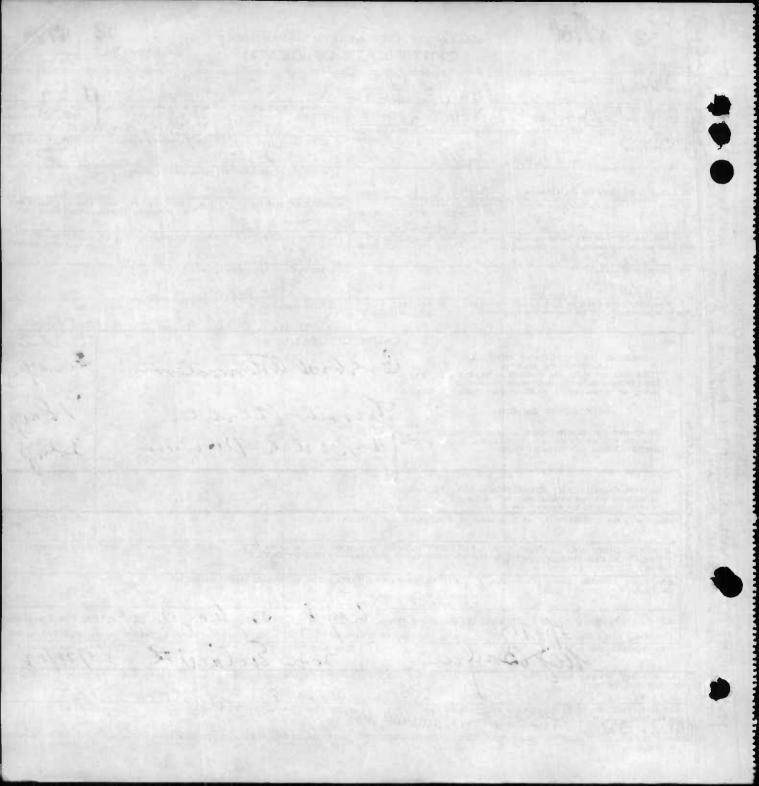


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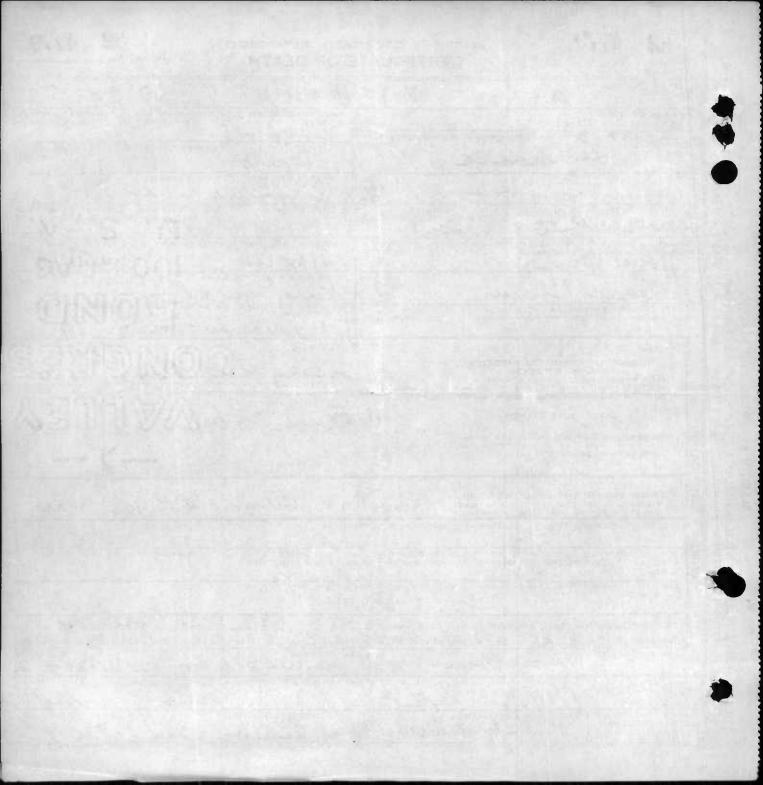
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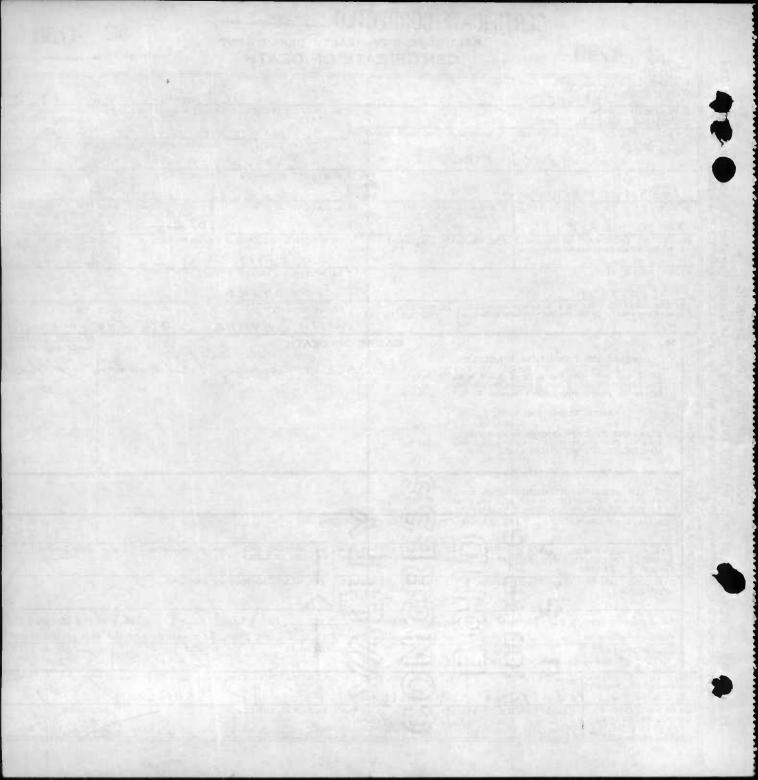


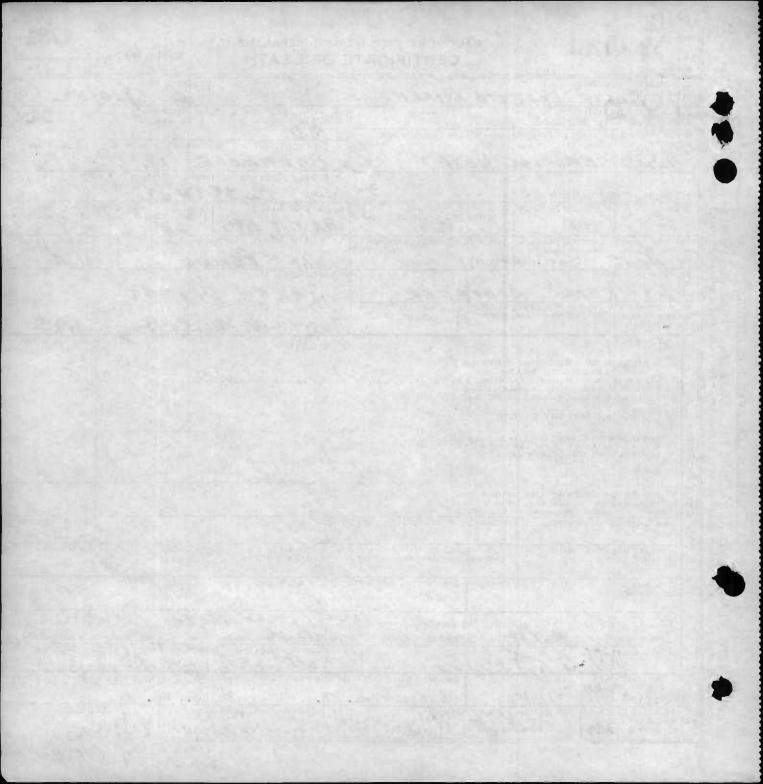
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See Document File 52-4782 Letter from Dr. R. S. Rogers, Asst Supt-Medical Baltimore City Hospital 8/7/52 ES A design the same of the war fellow CHE RISTRATED TO

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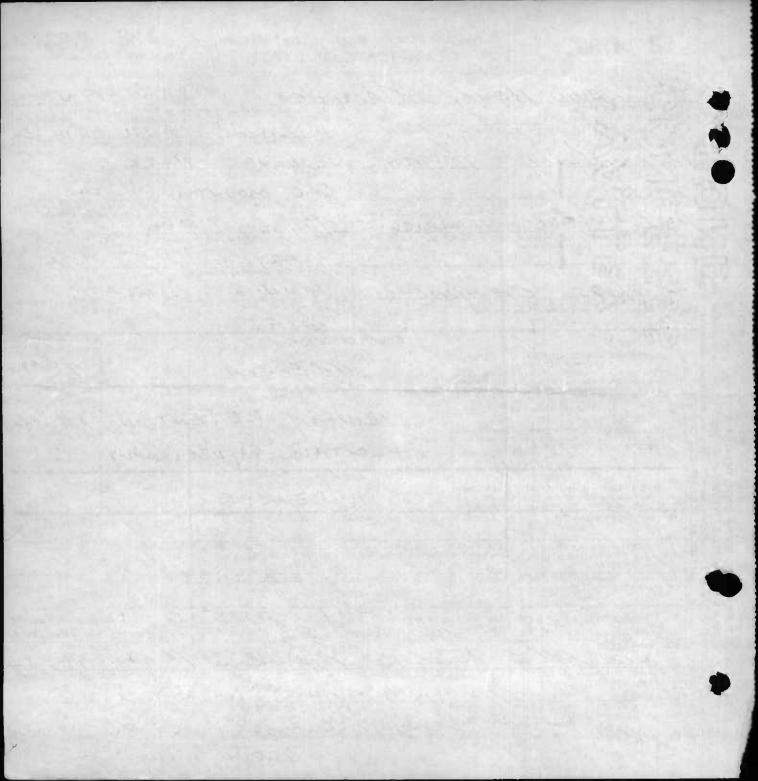
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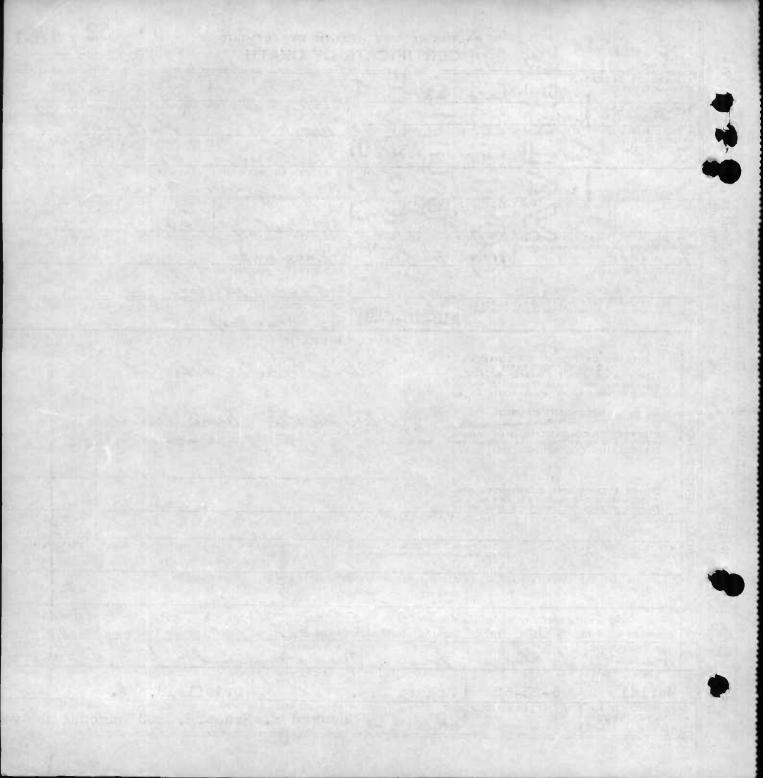
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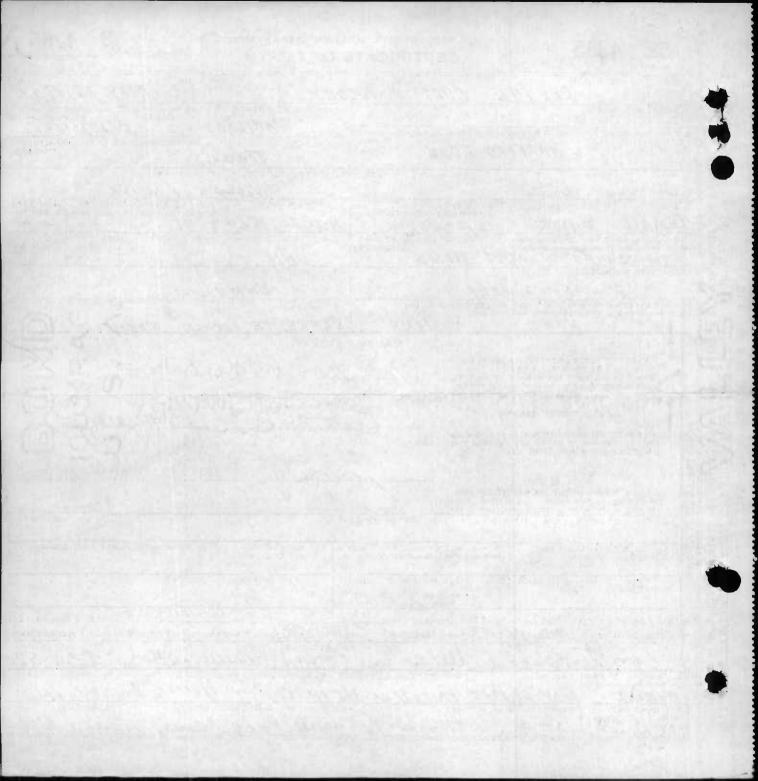
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de	(T	Type or Print) EVIN HENRY CAN	APHER DEATH 5-1	19-5>
2		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	itution: residence before admission)
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		OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give township)
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2 2	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	
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		deceased alive on 5-19, 185-, and that death occur		
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	Tic	ON THE MOVAL (Specify)	ERY OR CREMATORY 24b. LOCATION (City, town, or	county) (State)
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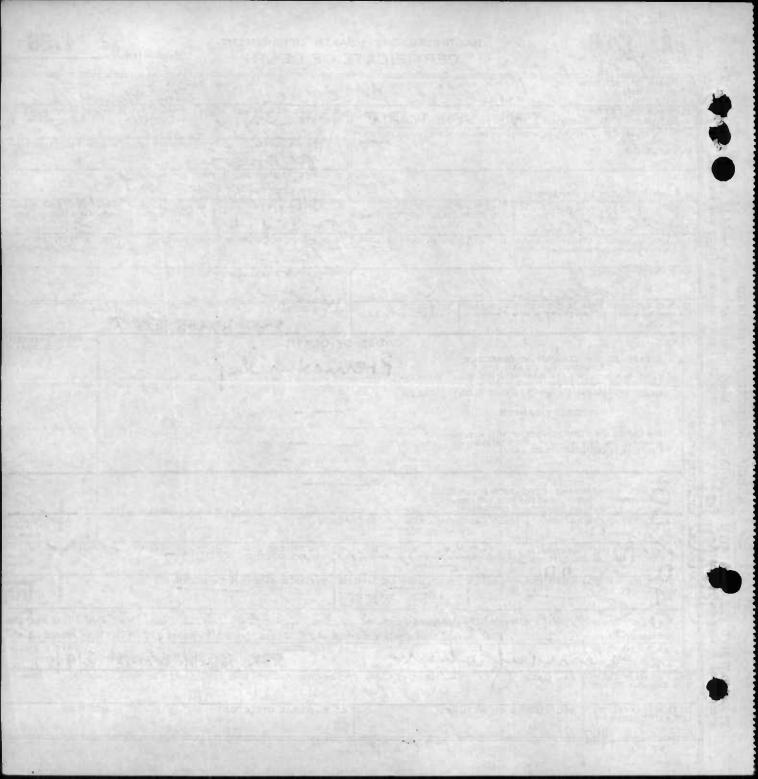




BALTIMORE CITY HEALTH DEPARTMENT 4785 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF POCOCK DEETTE CURRY DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY A. STATE before admission) A. Baltimore City, Maryland DALTIMORE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION 4702 HARFORD ROAD township D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore WILLOW AVENUE Days on should be clearly and le 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8 DATE OF BIRTH 9. AGE (in years Il Linder I Year last birthday) Months; Days Hours: Min. WIDOWED, DIVORCED (Specify) AUG. 22, 1860 WIDOWED 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even If retired) INDUSTR WHAT COUNTRY? HOUSEWIFE information USA 13. FATHER'S NAME death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO causes No ONE INTERVAL BETWEEN item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. UNFADING Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION ortant. EDICA (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? especially WHILE AT NOT WHILE! AT WORK WORK . that I last saw the 22. I hereby certify that I attended the deceased from Melly/8 and that death occurred of deceased alive on_ from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATORE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) BURIAL 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAN VS 150



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		Vs 150	



52 4787 BALTIMORE CITY HEALTH DEPARTMENT Registered No. GCERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) Jones, Baby Boy-Frances OF May 14, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Baltimore City Hospitals location) B. FULL NAME OF Maryland HOSPITAL OR C. CITY OR TOWN (If outside corpor te limits, write RURAL and give INSTITUTION Baltimore 4940 Eastern Avenue township) information should be considered and legibly. Life (If rural, give location) Yrs. D. STREET ADDRESS Mos. 1001 N. Broadway c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year WIDOWED DIVORCED (Specify) last birthday) Months Days Hours Min. Male Negro May 14, 1952 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harvey Jones Frances Jones BINDIN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Records: B. C. H. 4940 Eastern Avenue of INTERVAL BETWEEN 18. / CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY Prematurity Life LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. FICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO ADING UNDERLYING CONDITION LAST. UNFADING Physicians: MARGIN (C) RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WRITE PLA 22. I hereby certify that Lattended the deceased from _, that I last saw the deceased alive on and that death occurred at in., from the eauses and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 5-17-52 SIGNED 4940 Eastern Avenue 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c, NAME OF CEMETERY DR CREMATORY | 24p, LOCATION (City, town, or county) B. C. H. Crematory Baltimore, Md. Cremation DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS VS 150

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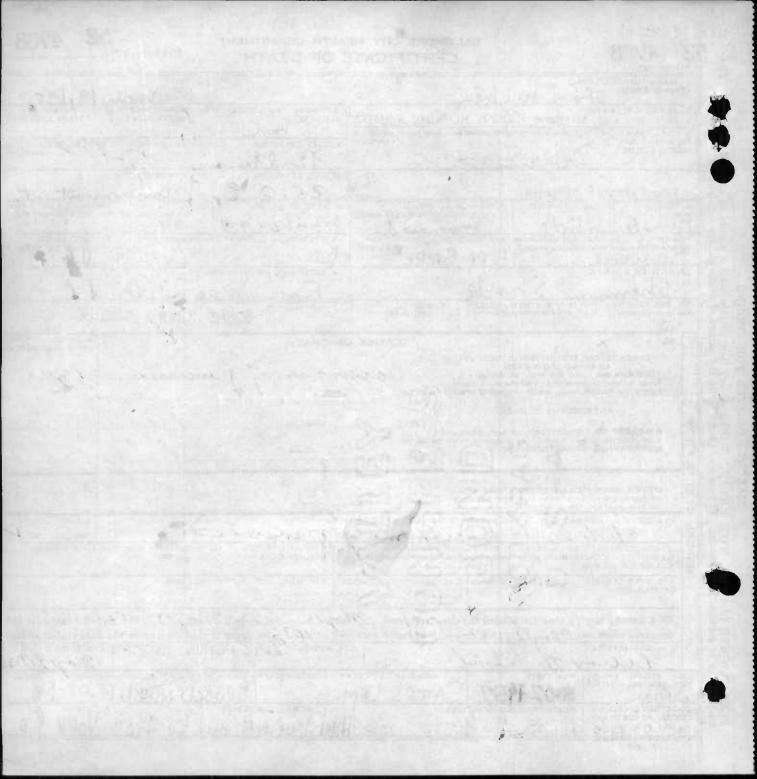
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BALTIMORE CITY HEALTH DEPARTMENT

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2	4788 IRTH NO.			CERTIFICAT	E OF DEATH	Reg	istered No_	2/00
	NAME OF D 'ype or Print)	Lais h	/elren			2. DATE OF DEATH	mom	19.1952
A.	PLACE OF DEBALTIMOTE C	EATH: City, Maryland	JOHNS H	OPKINS HOSPITA		CE (Where deceas		itution: residence before admission
H	OSPITAL OR	mar		location	c. CITY OR TOWN	•	orate limits, w	rite PUPAL and give township
C.	Length of s	tay in Baltimore		Yrs. Mos. Day	2010	P 100	oeation)	east St
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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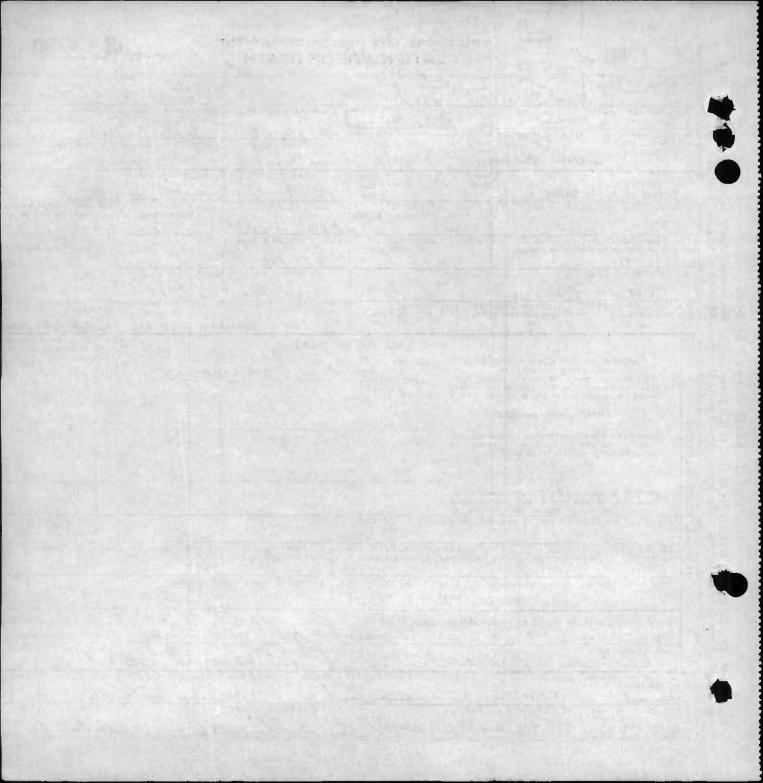
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Dr. Darley.

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	BII	473(RTH NO.		CERTIFICATI	E OF DEATH	Registered No.	27(31)
		NAME OF DE		Τ.		2. DATE OF 5	16-5-2
	3.	PLACE OF DE	EATH:	ner Johnson	4. USUAL RESIDENCE (DEATH	
			ity, Maryland		Maryland	Baltimer:	before admission)
	HO	SPITAL OR		tal or institution, give street address or location)		f outside corporate limits, wi	rite RURAL and give
	IN	STITUTION	Union Me	morial Hospital	Baltimore	13.	-O (Jownship)
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leg			tay in Baltimore	· Days		7 th St.	18. 18.0 1.04.0
and	5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years 1 Under last birthday) Months	Days Hours Min.
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		deceased al	live on 5-16	_, 1952, and that death occur	rred at 7 Pm., from	the causes and on the c	date stated above.
		23A. SIGNAT	hard &	Seach "	MON MON	ous Host.	5-16-53
200	24		CREMA- 248 DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City Jown, or	county) (State)
300		Bural	5/21	61 Lorianie Ga	ich. W.	inder mill R	d.
4 1		ATE RECEIVE	D BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	IA /	DDRESS

MAY 21 1952 Huntington Williams, MF Bul E. Chemonthy 3615-17 Chenture free



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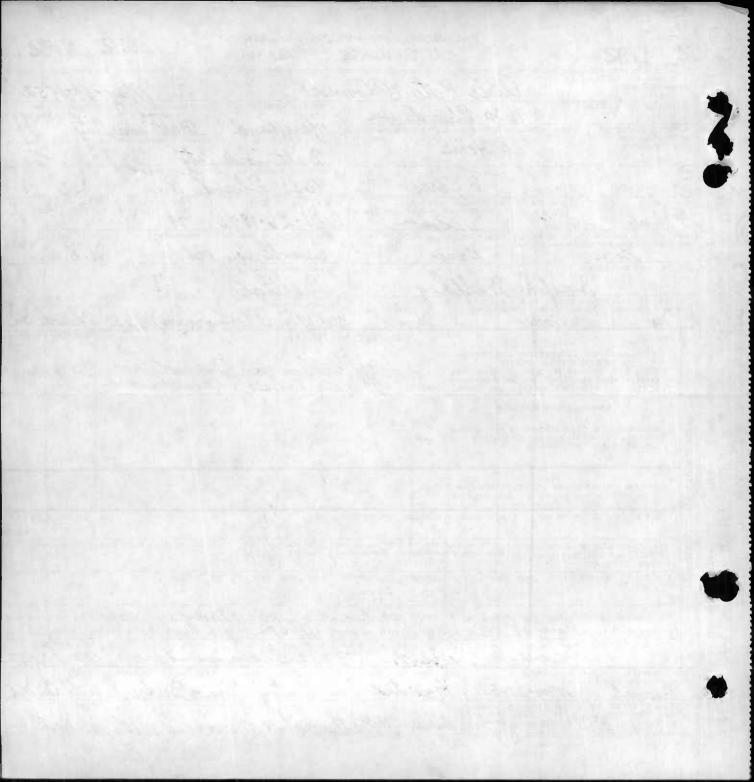
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4791

deceased alive on the part of the causes and on the date stated above. 23A. SIGNATURE 23A. SIGNATURE 23A. BURIAL. CREMA. 24A. BURIAL. CREMA. 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS	BIRTH NO.	
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		25 FINERAL DIRECTOR
MAY 21 1957 Junhaylon Williams with 050 0.	LOCAL REGISTRAR Tuntington Williams	Posol. Alexander

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BALTIMORE CITY HEALTH DEPARTMENT

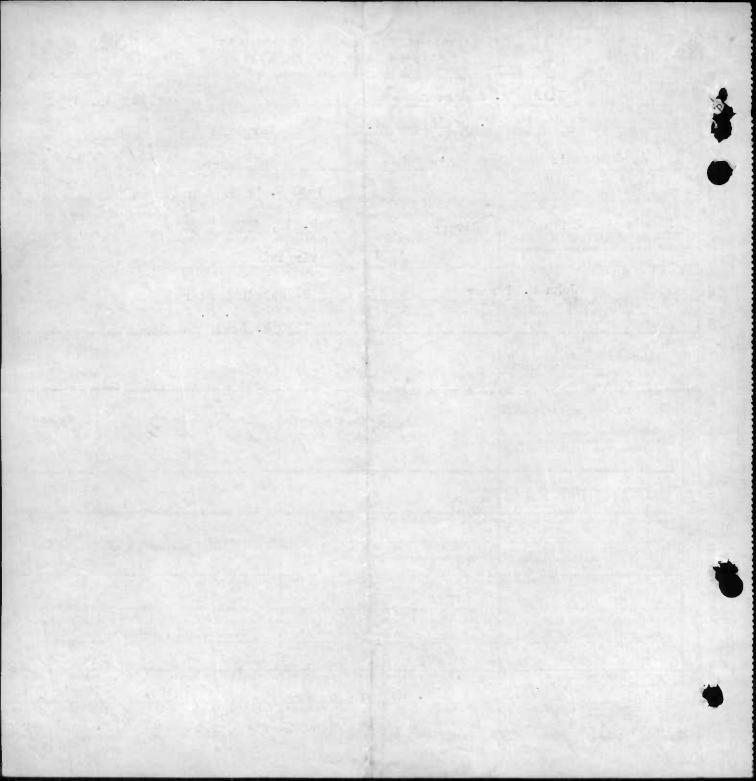


BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASEDM 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived A. Baltimore City, Maryland STATE fore admission) (If not in hospital or institution, B. FULL NAME OF ss or HOSPITAL OR location) C. CITY OR TOWN limits, write RURAL and give INSTITUTION h home Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE MARRIED. 1 Year 7. SINGL ast birthday) Months! Days Hours: Min. sho 10A. USUAL OCCUPATION (Give kind of) FUSINESS OR 10B, KIND BIRTHPLA 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? non information c death 13. FATHER'S NAME 14. MOT 15. WAS DECEASED EVIR IN U. S. ARMED FORCES Yes, no or unknown) (1 yes, give war or dates of service) Jo 16. SOCIAL (Yes, no or unknown) SECURITY NO. 18. 422.1 cal ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DING UNDERLYING CONDITION LAST. UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY portant. CA YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERō about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY ecially WHILE AT NOT WHILE . 195 2 that I last saw the 22. I hereby certify that I attended the deceased from_ esp . 195 - and that death occurred deceased alive on 3, 20 from the causes and on the date stated above. RITI is es 3 24A. BURIAL. CREMA-248. DATE 24c. 2 AD. LOCATION (City, town, or count; DATE RECEIVED BY DIRECTOR REGISTRAR'S VS 150

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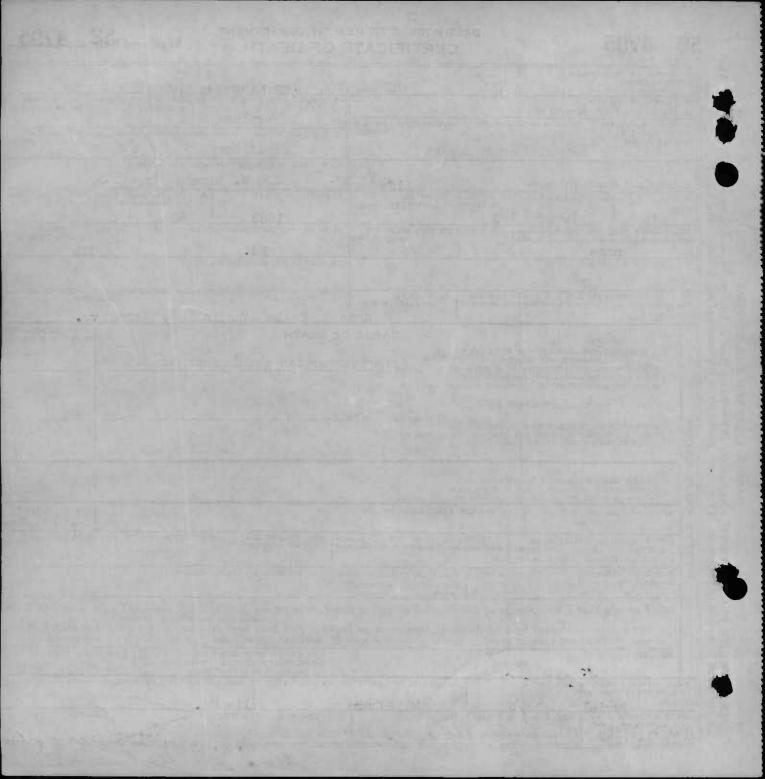
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	2	36		BALTIMORE CITY HE	EALTH DEPARTMENT	52	AUO 4
	BIE	479.	4	CERTIFICAT		Registered No.	4/34
		NAME OF D		A. Anderson		2. DATE OF DEATH MAY 10	1050
	Α.	PLACE OF D Baltimore (City, Maryland 140	00 W. Lexington St.	4. USUAL RESIDENCE (V	Where deceased lived. If inst B. COUNTY	titution: residence before admission)
	B. F	FULL NAME	OF (If not in hospit	al or institution, give street address or		outside corporate limits, w	rite RURAL and give
		Aged	Women's and	Aged Men's Homes	Baltimor		townsintry
	c./	() Length of s	tay in Baltimore	Mos. Days	1400 W. Lexing		
		sex Female	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Und last birthday) Month	of I Year If Under 24 Hours as Days Hours Min.
		A. USUAL OC	CUPATION (Give kind of		Feb. 12, 1872	oreign country) 12	CITIZEN OF
	work	done during most	of working life, even if retired)	INDUSTRY	Virginia		WHAT COUNTRY?
	13.	FATHER'S			14. MOTHER'S MAIDEN N	AME	Marie Marie
	15	WAS DECEASI	John C.		Elizabeth Ca		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.					n. nead	RESS
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		injury or	complication which	eaused death.) DUE TO			
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	1	22. I hereb	y certify that I att	ended the deceased from Ja	1942, to 24		hat I last saw the
	-	deceased at		, 19 2. and that death occur	rred at / 0.00 f m., from t		date stated above.
	1	Mer	bland Edu	and bedy M.O.	4-E-33W 87	-18	may 21/952
		A. BURIAL, (S		24C. NAME OF CEMETE	70	OCATION (City, town, or	
		burial	5/23/52		O CHIR CATA		Maryland
		TE RECEIVE		S SIGNATURE	Am Cook 2		DDRESS Paul Street
	W	AY 21 1	952 Thurling	ion Villaura Mys.	ALL OUTE, M	7 121 00	· radi boree:
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.2 4795

BI	RTH NO.			OLIVIII TOATI					
	NAME OF D						2. DATE		
12.	ype of Time,	DA	NIEL	MC GLO	TTON	(MC LAHENTO	ME DEATH ME	y 19,	1952
	PLACE OF D Baltimore (City, Maryland			A. STAT		here déceased lived. B. COUNTY	lf institut	ion: residence before admission
HO	FULL NAME	OF (If not in hospit	al or institu	cion, give street address or location)	c. CITY	Maryland OR TOWN (If	outside corporate M	mits, write	
IN	STITUTION	820 N. Pa	yson St	treet		Baltimore	16	-0	township
				Yrs.	D. STRE	ET ADDRESS (If 1			
c.	Length of s	stay in Baltimore		Mos. Days		820 N. Pa	yson Stree	t	
5.	SEX	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE	OF BIRTH	9. AGE (In years last birthday)	If Under 1 Y Months: D	eas K Under 24 Hours
	Male	Colored	S			1883	68		
	done during most	CCUPATION (Give kind of of working life, even if retired)	108. KINI	O OF BUSINESS OR INDUSTRY	11. BIRT	HPLACE (State or fo	reign country)	W	TIZEN OF HAT COUNTRY
13	. FATHER'S	NAME			14. MOT	MC . HER'S MAIDEN NA	ME	US	Α
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15	. WAS DECEAS	ED EVER IN U. S. ARMEE	FORCES?	I 16. SOCIAL	17. INFO	DMANT		ADDRES	
	, no or unknown)			SECURITY NO.			- 000/ 5		
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	injury or	complication which	aused deat	h.) DUE TO					
		ANTECEDENT CAUS	SES						
Z	DISEASES OR CONDITIONS, IF ANY, GIVING								
2	RISE TO	THE ABOVE CAUSE (A)	STATING T						
Z				(C)			***************************************		
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	OF INJURY	, , , , , , , , , , , , , , , , , , , ,		WHILE AT NOT WHILE					
	22 1	for these I took observed	m.	remains described a	have he	a Inspecti	on & Innui	TV the	uson and fuer
						Autopsy, I	nspection or Inqui:	ry	
П	the ev	idence obtained by	said Aut	opsy, Inspection or I from: natural causes	nquiry,	find that said de	ceased died on	the day	stated above
П	23A. SIGNA		Resulted .	rom: naturat causes	23B	CHIEF MEDICAL E	XAMINER	23c. DAT	E SIGNED
	200. 31011	1/10: 1/	Jan XIA		ASSI	STANT MEDICAL E	XAMINER	May	
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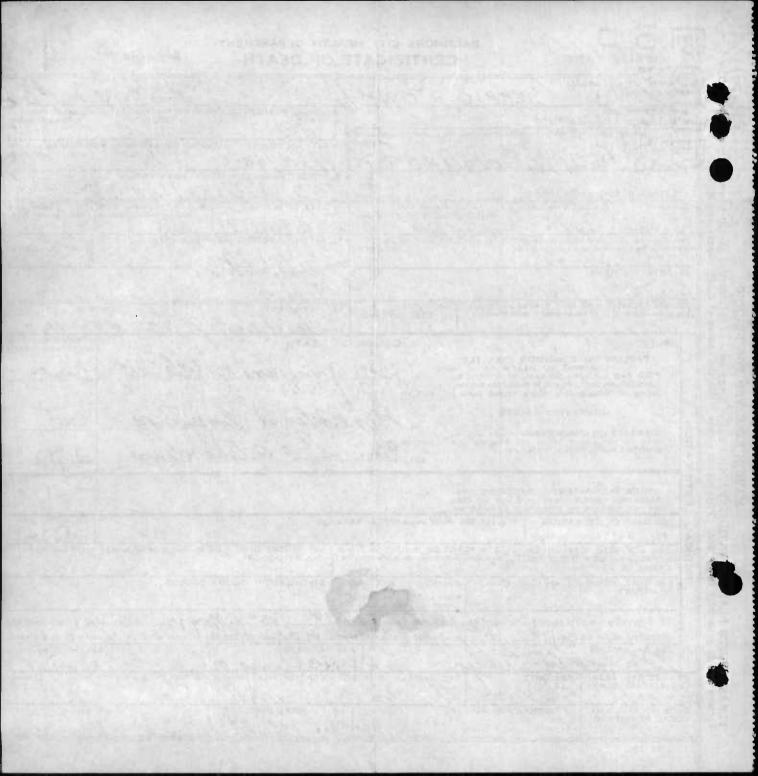
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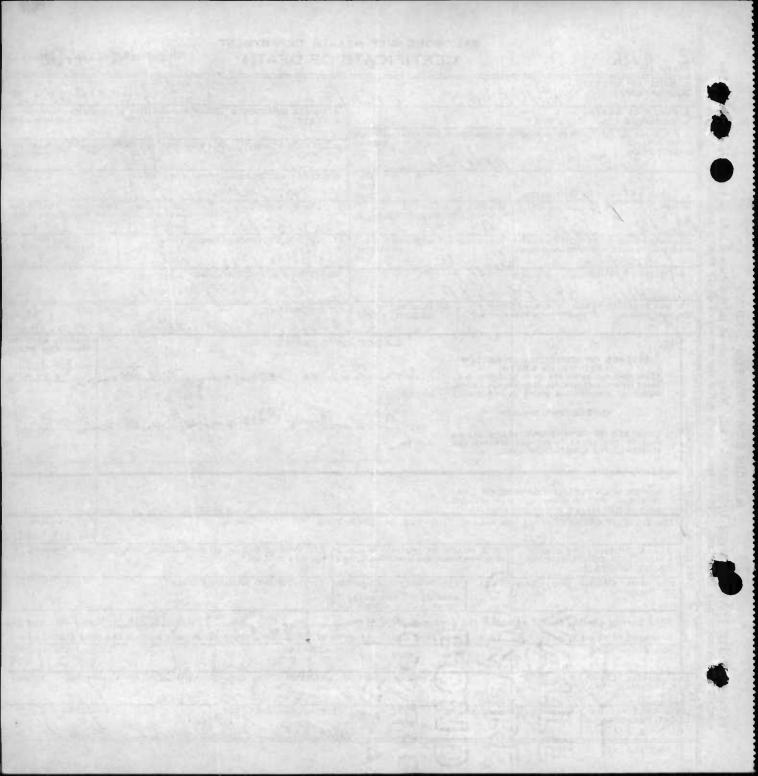
11-7	50						*		
2	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 4796								
1.	NAME OF DE	CEASED	en Dyson	a		2. DATE OF May 10,			
	PLACE OF DE				4. USUAL RESIDENCE (
B. F HO	SPITAL OR	OF (If not in hosp Baltimore	ital or institu	tion, give street address or ospitals location)		f outside corporati limits, w			
IN	STITUTION	4940 Easte		ue	Baltimore		township)		
C.	Length of st	ay in Baltimore	Li	Yrs. Mos. Days		astern Avenue	24		
	emale	6. COLOR OR RAC		E. MARRIED. WED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH	9. AGE (In years Woods Worth 1	or I Year K Under 24 Hours as Days Hours Min.		
10/	. USUAL OCC	CUPATION (Give kind f working life, even if retire		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or :		CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME									
		7							
(Yes,	mo or unknown)	D EVER IN U. S. ARM (If yes, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B. C.	H. 4940 Easter	n Avanus		
N	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Nephrosclemisis (Nephrosclerosis)						about lyr. years		
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CERTIF	TRIBUTING	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Rheumatic Heart Disease							
	19A. DATE O	F OPERATION V	198. MAJO	R FINDINGS OF OPER	RATION		20. AUTOPSY?		
FDICAL		ENT WAS UNDER CONTRIBUTING	1	ACE OF INJURY (e. g., I farm, factory, street, office bldg.,		(If in Baltimore City, give	e exact location)		
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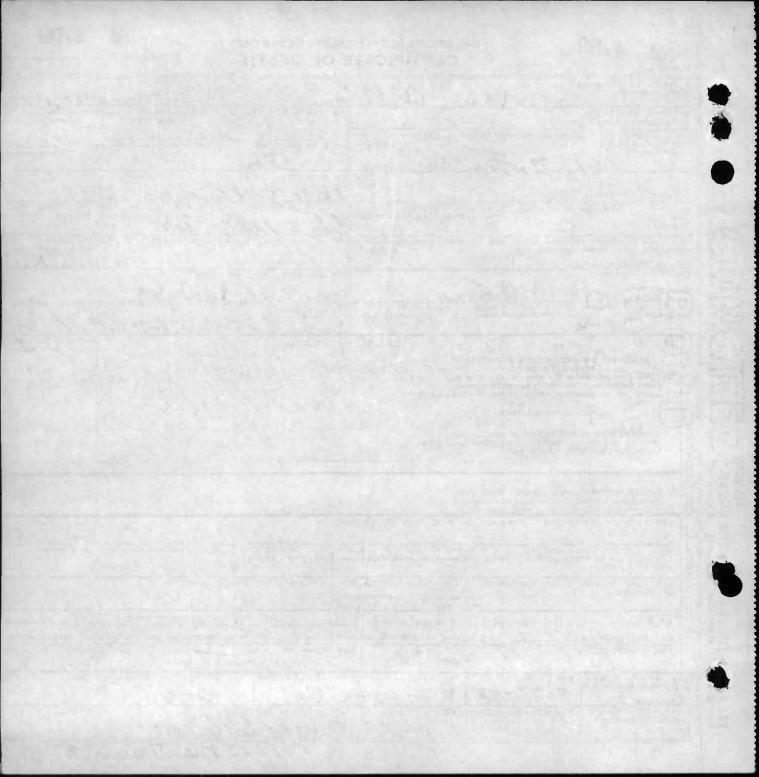
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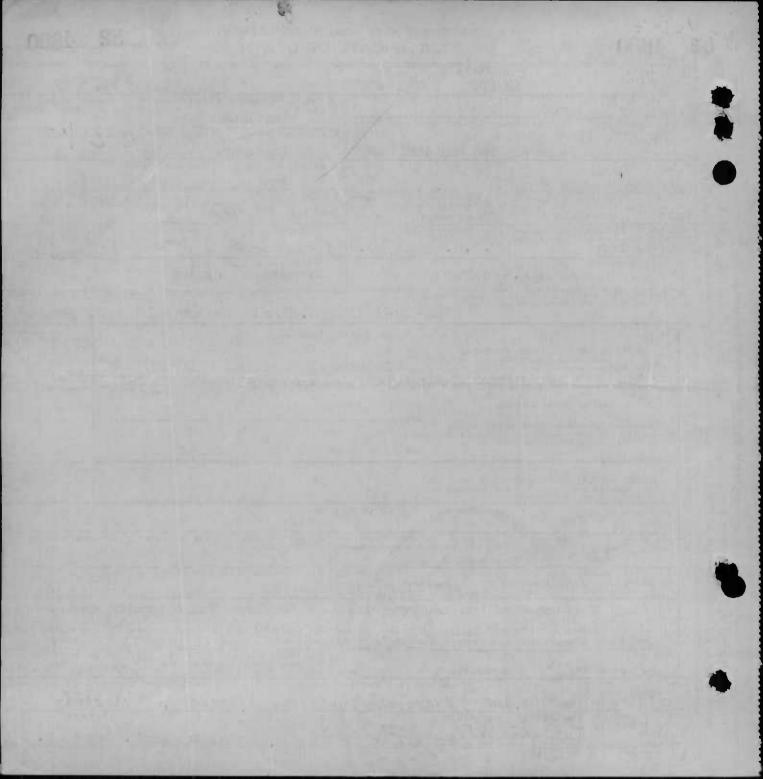
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cally selled The	2	A'/97 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH Registered No.	2 4797		
	1.	NAME OF DECEASED Cappie Power	2. DATE OF DEATH MCS	1 19.1950		
	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, 16 in B. COUNTY	stitution: residence before admission)		
	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	c. CITY OR TOWN/ (If outside corp rate limits)			
		152/N.Caroline ST.	Ba/10. 0-C	townshlp)		
	c.	Yrs. Mos. Days	5. 15911/AD22 /in Ch			
uld be ca	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Ur	der I Year M Under 24 Hours hs Days Hours Min.		
should early a		A. USUAL OCCUPATION (Give kind of k done during most of worklog life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF		
on	TS	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	n.sa.		
NG rmati death	E	Tinah BOND	Millio			
BINDING of inform uses of dea	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no optinknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	DRESS ST.		
e =		18. 4 50.1 . CAUSE	OF DEATH	INTERVAL BETWEEN		
FOR item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	an a reth Test	ONSET AND DEATH		
bud an		(This does not mean the mode of dying, e.g., (A)	yangen groom fee	Smp		
~		ANTECEDENT CAUSES		need		
RESEI INK.	ON	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO A	ways engineer	703		
N.G. P.	CAT	UNDERLYING CONDITION LAST, (c)	while althordings	17		
MARGIN UNFADING Physicians:	RTIF	II II	0			
MA	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
bd .	Ĺ	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?		
WITH rtant.	DICA	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g., in Lying OR CONTRIBUTING about home, farm, factory, street, office bidg., e		e exact location)		
lings	ME	CAUSE OF DEATH				
Ily i		OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING WHILE AT NOT WHILE				
PL, ecia		22. I hereby certify that I attended the deceased from	1. 18 , 1952, to May 19 , 195,	that I last saw the		
WRITE PLA		deceased alive on 19, 19, 19, and that death occur	rred at 4: WA m., from the tauses and on the			
R is		Thompton Tulkes M.D. 1	543 Permes De	5/21/50		
St to	724 T)	AA. BUMAL. CREMA 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 245 LOCATION (City, town, or	county) (State)		
PLEAS correct	D/ LC	ATE RECEIVED BY BEGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	DDRESS 322N		
P4 2	N	MAY 21 1952 Turtington Williakles Mit	Mas Ketull Williams	Schooler &		
		VS 150				



The	12	36 A'798 RTH NO.	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered			4798
RESERVED FOR BINDING INK. Every item of information should be capily service the causes of death clearly and legible.	1. (T 3. A. B. HC IN 10 10 10 10 10 10 10 10 10 10 10 10 10	Length of stay in Baltimore SEX 6.COLOR OR RACE 7. SI	stitution, give street address or location) Yrs. Mos. Days NGLE. MARRIED. DOWED, DIYPRCED (Specify) KIND OF BUSINESS OR INDUSTRY PO 16. SOCIAL SECURITY NO. CAUSE CTLY g. e. g., disease,	4. USUAL RESIDENCE (VA. STATE) C. CITY OR TOWN (If D. STREET ADDRESS (If B. DATE OF BIRTH	2. DATE OF DEATH Where deceased lived. It inst B. COUNTY Coutside corporate vinits. W. rural, give location 9. AGE (In sears li Under last birthday) Months oreign country) 12.	itution: residence before admission) Att RURAL and give township) (I Year H Under 24 Hours Days Hours Min. CITIZEN OF WHAT COUNTRY?
PLEAST WRITE PLAI WITH UNFADING INK. correct at is especially inportant. Physicians: please	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDER- 21s	G CON- ELATEO ING IT. AJOR FINDINGS OF OPER B. PLACE OF INJURY (e. g., i. bome, farm, factory, etreet, office bldg.,	RATION O OF 21C, WHERE DID (otc.) INJURY OCCUR? ED 21F, HOW DID INJUR	If in Baltimore City, give	20. AUTOPSY? YES NO Sexaet location)
	93	22. I hereby certify that I attended deceased alive on 23A. SIGNATURE 1A. BURIAL, CREMA- 24B. DATE N. REMOVAL Specify ATE RECLIVED BY REGISTRAT'S SIGNATURE VS 150	and that death occur M. O. 24C JAME OF CEMETE	rrell at 2 16., from to 23B. ADDRESS	he causes and on the cook to the cook to the city, town, or	3c DATE SIGNED





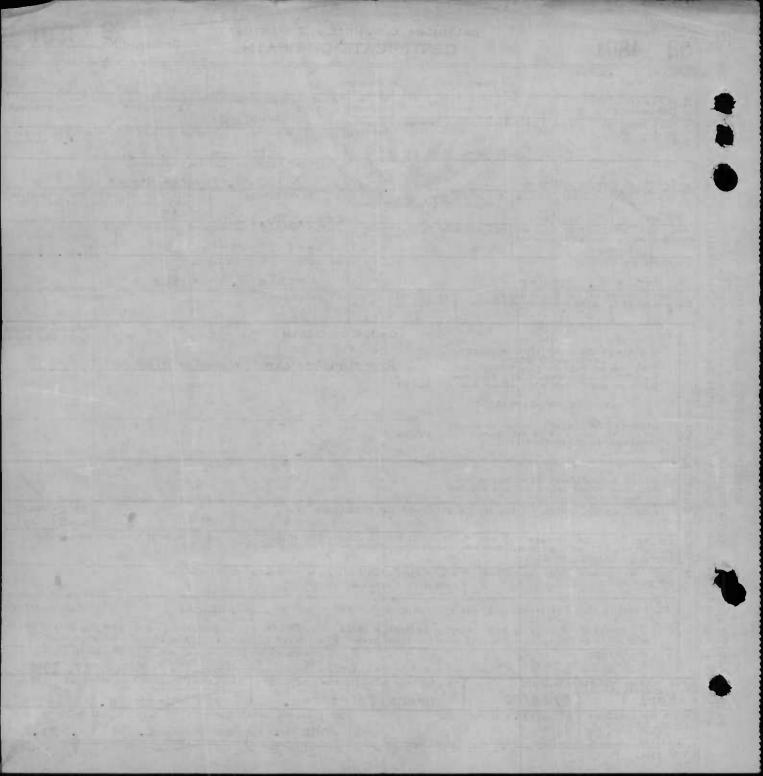


5	B 1. (7)	1: 1: (Y.	ICAL CERTIFICATION
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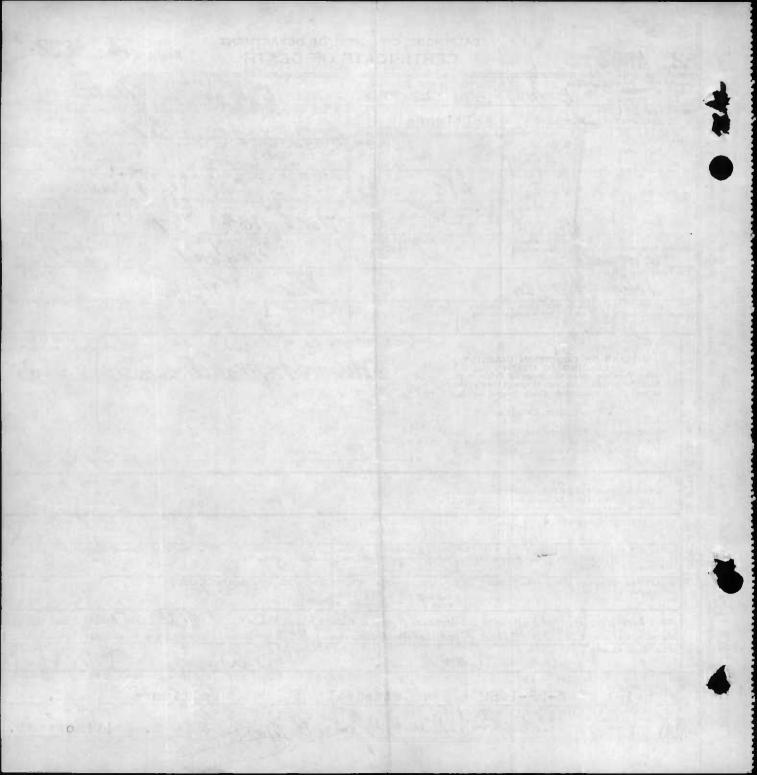
BALTIMORE CITY HEALTH DEPARTMENT DTIEICATE OF DEATH

Registered No. 4801

В	BIRTH NO.									
1.	NAME OF DECEAS					2. DATE OF				
	'ype or Print)		COB	BUNNER		DEATH May				
	Baltimore City, 1				A. USUAL RESIDE	NCE (Where deceased lived, If in B. COUNTY	before admission)			
В.	FULL NAME OF		al or institut	ion, give street address or location)	Mary	land				
	OSPITAL OR ISTITUTION	1000			C. CITY OR TOWN	14-	township)			
		Franklin	Square	Hospital Yrs.		imore (If rural, give location)				
				Mos.						
1	Length of stay in	LOR OR RACE	7 SINGL	Days E. MARRIED,	8. DATE OF BIRTH	W. Fayette Street	nder 1 Year 11 Under 24 Hours			
				VED, DIVORCED (Specify)		last birthday) Mon	ths Days Hours Min.			
10	male	White	I 10a. KINI	O OF BUSINESS OR	Sept. 26		2. CITIZEN OF			
	k done during most of working		2	INDUSTRY			WHAT COUNTRY?			
10	Laborer B. FATHER'S NAME		7	?	West Vin	IDEN NAME	U.S.A.			
1		Dans			Mwntle	V.Armentraut				
1.5	Henry W.		FORCES?	I 16. SOCIAL	17. INFORMANT		DRESS			
	s, no or unknown) (1f;	yes, give war or date	e of service)	SECURITY NO.	17. INFORMANT	AC	DRESS			
	18.1/1/2 X			CAUSE	OF DEATH		INTERVAL BETWEEN			
	77-1	CONDITION	DIRECTLY				ONSE! AND DEATH			
	(This does not a	DING TO DEA mean the mode		g., (A) Hypert	ensive cardi	ovascular disease	*****			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO									
	ANTECEDENT CAUSES									
	ANTE									
0	DISEASES OR (
ATI	UNDERLYING	CONDITION L	AST.	(C)						
10		11								
RTIFICATION	OTHER SIGNIF	FICANT COND								
ER.	TO THE DISEASE									
0	19A. DATE OF OP	ERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?			
AL.			l or Di	ACE OF IN HIDY (1	n or 21C. WHERE D	OID (If in Baltimore City, gi	YES NO L			
DIC	21A. EXTERNAL C UNDERLYING [] UTING [] CAUSE	OR CONTRIB.		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,			ic caucit reserven,			
M	21D. TIME (Month		(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?				
	OF INJURY		m.	WHILE AT NOT WHILE						
	22. I certify the	at I took char		remains described of	ibovc, held an	autopsy	thereon and from			
						Autopsy, Inspection or Inquiry said deceased died on the	day stated above.			
	and death is	n my opinion	resulted	from: natural causes	X), accident .	suicide , homicide , un	determined [].			
	23A. SIGNATURE	. 1/	el)		238, CHIEF MI	EDICAL EXAMINER 23c	. DATE SIGNED			
	Man	ley /8.	Den	election.	.D. MEDICAL INV	ESTIGATOR 🔲 I Ma				
Z	4A. BURIAL. CREMA ON, REMOVAL (Specify	11	0			240. LOCATION (City, town, o				
-	Burial	5/24/5		Queens Poi		Keyser West Va	ADDRESS			
	ATE RECEIVED BY	REGISTRAR	SSIGNATI	URE 1/414	25. FUNERAL DIR		/			
	VIAY 21 1959	Muntan	store V	V. History M.P.	0 00	oran 3000 E. Ba	100.000			
V	S 151	6)	9709	9 Nodew	lo .	V			



B-	5		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 4802					
*	1. (T	NAME OF DECEASED Emma J. Barri	rick 2. DATE OF DEATH 5/19/	52				
5	B.	PLACE OF DEATH: Baltimore City, Maryland Baltimore FULL NAME OF (If not in hospital or institution, give street ac OSPITAL OR	A. USUAL RESIDENCE (Where deceased lived. If insti	before admission)				
information should be care	-	Length of stay in Baltimore	Yrs. Mos. Days 5/3 E. Cold Jonny La.	-/Gownship)				
	Anna	SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years If Under	Days Hours Min.				
n shou		DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS k done during most of working fife, even if retired)	SS OR NDUSTRY 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF				
NG rmatio death	13	S. FATHER'S NAME Holzen	Mary Malone					
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT SECURITY NO.							
RESERVED FOR GINK. Every item: please write the cau	DICAL CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	Advanced bronchiectasis	INTERVAL BETWEEN ONSET AND DEATH				
MARGIN UNFADIN Physicians:		OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
WITH ortant.		19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	RY (e.g., in or 21c. WHERE DID (If in Baltimore City, give	YES NO NO Exact location)				
AI. Ily imp	ME	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY O OF INJURY m. WHILE AT WORK	OCCURRED 21F. HOW DID INJURY OCCUR?					
VRITE PLA		22. I hereby certify that I attended the deceased from deceased alive on May 19, 1952 and that deat 23A. SIGNATURY	th occurred atm., from the causes and on the d	hat I last saw the date stated above.				
200	24 TIC	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CON, REMOVAL (Specify)	CEMETERY OR CREMATORY 249. LOCATION (City, town, or thedral Baltimore	founty) (State)				
PLEA		ATE RECEIVED BY REGISTRAR'S SIGNATURE HALLAND WILLIAMS		DDRESS				
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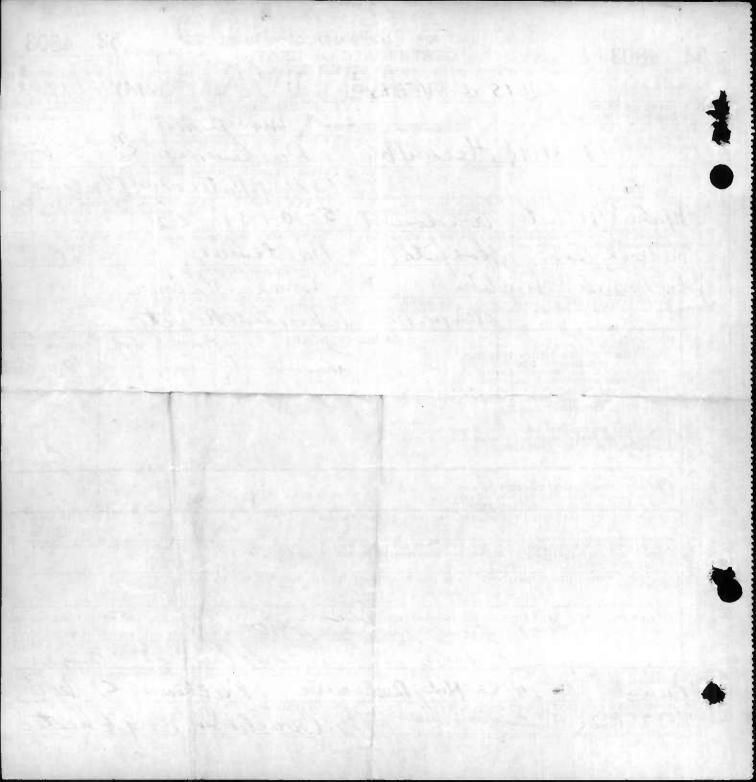
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BALTIMORE CITY HEALTH DEPARTMENT

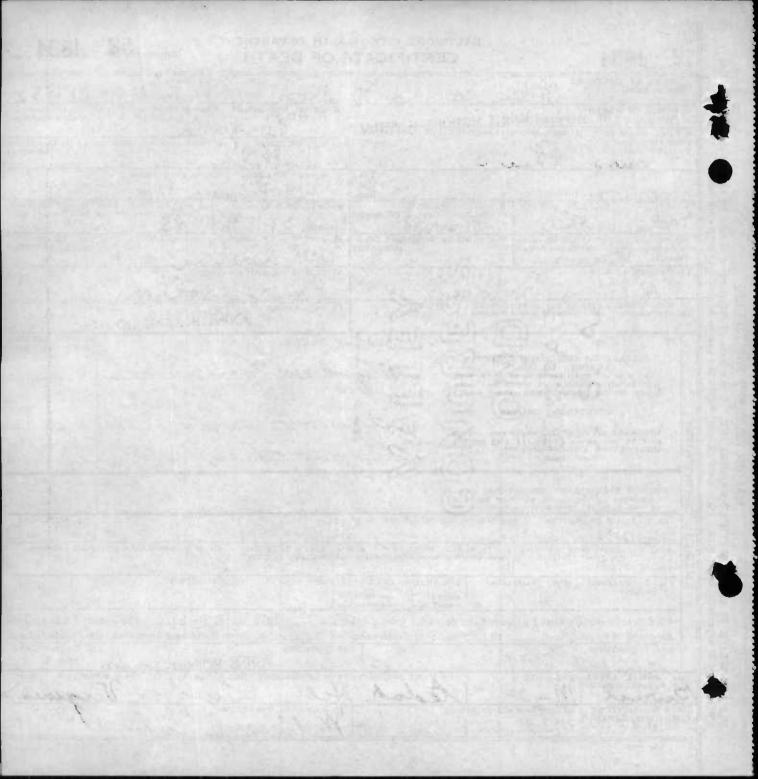
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he	BI	IRTH NO. US	E OF DEATH	registered 110
1	1. (T	NAME OF DECEASED LQUIS J. SVEHLA	2. DA C DE.	TE MAY 21,1952
*	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where de	ceased lived. If institution : residence COUNTY before admission
rully.	H	OSPITAL OR ISTITUTION 1321 Whatterscuffic	C. CITY OR TOWN J. (If outside Baltemor	corporate limits, write by Ralland giv
Ce Se	c.	Yrs. Mos. Length of stay in Baltimore Days	1321 4 Palles	ve location) Pla. Cerre
of information should be	5	yale white whowed divorced (Specify)	5-30-1889 9. AG	E (In years H Under Year H Under 24 Hours Min.
	10	A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR done during most of yorkine life, even if retired) Medical lock,	untry) 12. CITIZEN OF WHAT COUNTRY	
	113	m Travela Swehla	14. MOTHER'S MAIDEN NAME	ma
	15 (Ye	was DECEASED EVER IN U. S. ARMED FORCES? (If yos, give war or dates of service) (If yos, give war or dates of service) (If yos, give war or dates of service)	Pareateron.	ADDRESS
Every item of write the causes		OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A) (B)	ranoma of lun	interval between
INK.	ICATION	ANTECEDENT CAUSES (B)		
UNFADING Physicians:	CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
H	CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
PL. Y,	1EDIO	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c		timore City, give exact location)
	2	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR: OF INJURY MHILE AT NOT WHILE AT WORK AT WORK	21F, HOW DID INJURY OCCU	R?
		22. I hereby certify that I attended the deceased from Managed deceased alive on 1849 18, 1922, and that death occur		, and a two to the
WRITE ge is esp		23A. SIGNATURE 2. Leve M.D. 2	3B. ADDRESS	23c. DATE SIGNED
ASE	TIC	ALL BURIAL CREMA- 24B. DATE 24C. NAME OF CEMETE BLUE AP 57 Holy Rocle	11 .4	(City, town, or county) (State)
PLE	D.A.	THE RECEIVED BY REGISTRAR'S SIGNATURE HIGHES MA	25. FUNERAL DIRECTOR	2004 Olasta

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R-	3	2.0		HEALTH DEPARTMENT TE OF DEATH	X Registered Ro.	4804
INK. Every item of information should be cauly service the causes of death clearly and leg	1. (TT 3. A. B. HG IN 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. S Wale White	HOPKINS HOSETTANDERS TO SECURITY NO CAUSI CTLY Ing. e. g., (A) Ing. e. g., (A) Ing. e. g., (A) Ing. e. g., (A) Ing. e. g., (B) Ing. e. g., (A) Ing. e. g., (B)	A. USUAL RESIDENCE (WA. STATE) C. CITY OR TOWN (III D. STREET ADDRESS (III S. S	2. DATE OF DEATH Where deceased lived. If in a B. COUNTY outside corporate limits, we rural, give location) SAGE (In years lived) last birthday) Month oreign country) 12	itution residence before admission) rite RURAL and give township) er I fear II Under 24 Hours is Days Hours Min. CITIZEN OF WHAT COUNTRY
PLEACE WRITE PLAN WITH UNFADING I correct ge is especially in correct physicians: pl	MEDICAL CERTIFICATI	RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OR CONDITION CAUS. 19A. DATE OF OPERATION 19B. M. 21A ACCIDENT WAS UNDER. 21 LYING OR CONTRIBUTING About CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hou OF INJURY) 22. I hereby certify that I attended deceased alive on 21, 19. 23A. SIGNATURE A. BURIAL, CREMA- N. REMOVAL (Specify) May 21	S CON- RELATEO SING IT. IAJOR FINDINGS OF OF B. PLACE OF INJURY (e. thome, farm, factory, street, office blown, while at work at work at work at work at work and that death occurrence in the decased from and that death occurrence in the street of the street occurrence in the street of the street occurrence in th	RRED 21F. HOW DID INJURY ILE 1922, to an accurred at 22 m., from to 123B. ADDRESS		hat I last saw the date stated above 23C. DATE SIGNED (State)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4805

BIRTH NO

Eugene F. McClayton

2. DATE OF DEATH

May 20, 1952

1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland 828 McAleer Court

A. STATE Md.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN Baltimore.

write BURAL and give (If outside corporate limit

c. Length of stay in Baltimore

Yrs. Mos. life Days D. STREET ADDRESS (If rural, give location)

828 McAleer Court

5. SEX male

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write

clearly

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Aug. 8, 1865

Months; Days Hours Min. 9. AGE (In years) last birthday) 86

10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) retired lumber salesman

INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John R. McClayton

16. SOCIAL

Baltimore, Md. 14. MOTHER'S MAIDEN NAME Josephine Williams

ADDRESS

(Yes, no or unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

SECURITY NO.

17. INFORMANT

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

Myocardelis -DUE TO

INTERVAL BETWEEN

ONSET AND DEATH

DUE TO

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19B, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

20. AUTOPSY

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

NOT WHILE

22. I hereby certify that I attended the deceased from gan 25 1952 to May 20-1952, that I last saw the deceased alive on May 20, 1952, and that death occurred at 430 Pm., from the causes and on the date stated above. 23B. ADDRESS 1631 E. North Ave. 23c. DATE SIGNED 23A. SIGNATURE

24A. BURIAL, CREMA-TION REMOVAL (Specify) Burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) Loudon Park

Baltimore,

ADDRESS

DATE RECEIVED BY

May 22, 1952 REGISTRAR'S SIGNATURE untinglow

25. FUNERAL DIRECTOR

1900 Eutaw Place

UNFADING Physicians: p inz ortant. especially WRITE re is espe 18

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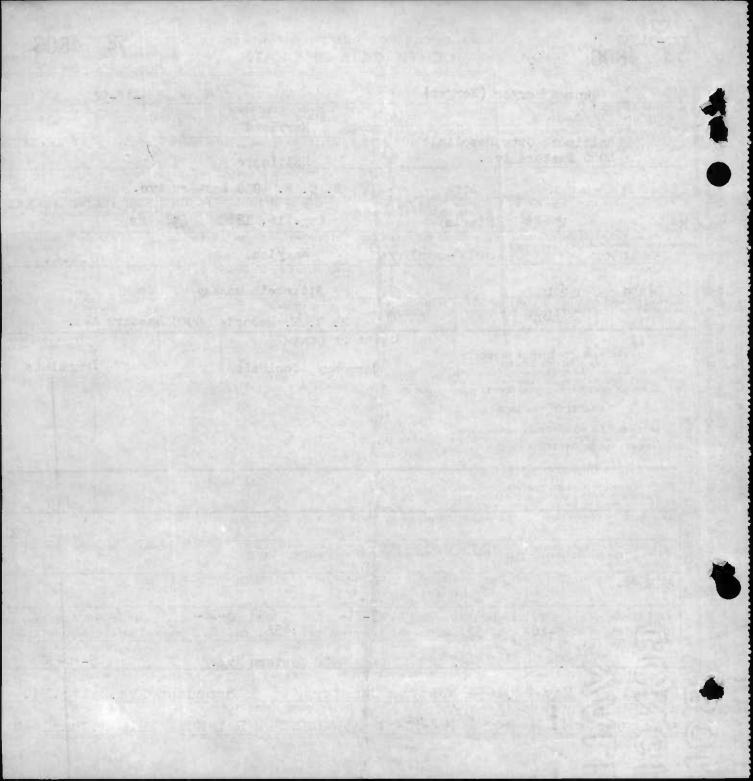
, WITH UNFADING INK. Every item of information should be o MARGIN RESERVED FOR BINDING

PLEASE WRITE PLA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 4806

В	IRTH NO.	Ub		CERTIFICAT	E OF DEATH	Η Λ	egisterea N	0		
1.	NAME OF D	ECEASED	/D	- CONTRACTOR OF THE CONTRACTOR		2. DAT				
	PLACE OF D	George Bery	er (ber	ger	II A HOUAL DECIDE	DEA.	тн 5-16-			
Α.	Baltimore (City, Maryland			4. USUAL RESIDE	В. (SOUNTY		residence ore admission)	
B. H	FULL NAME OSPITAL OR	OF (If not in hospit Baltimore Cit	al or institut	ion, give street address or location)			modeta limita		DATE	
. 11		4940 Eastern		. 00.2.5	township					
		7770 ==================================		Yrs.	D. STREET ADDRESS (If rural, give location)					
Sal c.	Length of s	stay in Baltimore	Lii	Mos. Days	B. C. H. 494	10 Eastern	Ave.			
	SEX	6.COLOR OR RACE		E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	Jane 1	(in years	Under 1 Year	If Under 24 Hours	
	ale	white	Sing	Le	Aug. 16, 1	root ur	yrs	i Duys	AZOGIS MIIII.	
To work	k done during most	CUPATION (Give kind of of worklog life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S		ntry)	12. CITIZ	EN OF	
	paint		self	-employed	Maryland			U.S.	Α.	
13				CONUTS	14. MOTHER'S MAI					
	John B. WAS DECEAS	Berger ED EVER IN U. S. ARMED	FORCES	16. SOCIAL	Elizabeth	Ramsey		11-11-1		
) (Xe	s, no or unknowo)	(If yes, give war or date	of service)	SECURITY NO.	O. 17. INFORMANT	مالمال مقدم	ADDRESS 4940 Eastern Ave.			
-	p. C. A. Records 4940 Eastern								AL BETWEEN	
	DISEASE OR CONDITION DIRECTLY									
CITIC	(This does not mean the mode of dying, e.g., (A) Coronary Occlusion								diate	
witte	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO									
	ANTECEDENT CAUSES									
LION	DISEASES OR CONDITIONS, IF ANY, GIVING									
	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)									
CERTIFICA										
ERTIFICA		THER SIGNIFICANT CONDITIONS CON								
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED									
		F OPERATION 1	-	FINDINGS OF OPERATION				1 20. A	AUTOPSY?	
AL	(S. E. A. T. O. C. E. A. T. O. T. O. C. E. A. T. O. T. O. C. E. A. T. O. T. O. C. E. A. T. O. T. O. T. E. A. T. O. T. O								No X	
MEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLA about home, f	ACE OF INJURY (e. g., I arm, factory, atreet, office bldg.,	o or 21c. WHERE DI etc.) INJURY OCCUP	ID (If in Balti	more City, g	ive exact l	location)	
	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR	?			
			m.	WHILE AT NOT WHILE						
	22. I hereb	y certify that I att	ended the	deceased from 3-21	L – , 19 3 8	/to5-16-	19.5	that I l	ast saw the	
deceased alive on 5-16- 19 52, and that death occurred at 10:45Pm., from the ca								e date st	ated above.	
2	23A. SIGNA	TURE	Olas	2	3B. ADDRESS				TE SIGNED	
2	4A. BURIAL, (CREMA- 24B. DATE	3	M. D.	4940 Eastern	24D. LOCATION	(City, town,	5-20 or county)	(State)	
	on, REMOVAL (S Burial	Specify		Western Cem		Edmondso				
	ATE RECEIVE	D BY REGISTRAR	SIGNATIL	MS	25. FUNERAL DIRE		II AVE.	ADDRESS		
L	MAY 22	105 Hunting	ton W	thams, My.	KRAUSE FUNI	ERAL HOME	1216	S.Cha	rlesSt	
	VS 150	1997			0					
- 11				56424	7 0 0					



White on Grove Ex

Registered No BL COUNTY before admission) (Il outside corporate limits, write RURAL and give township) If Under 24 Hours If Under 1 Year 9. AGE (In years) last birthday) | Months: Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS ONSET AND DEATH 20. AUTOPSY

YES NO

(If in Baltimore City, give exact location)

1952 that I last saw the

_m., from the causes and on the date stated above. 23c. DATE SIGNED

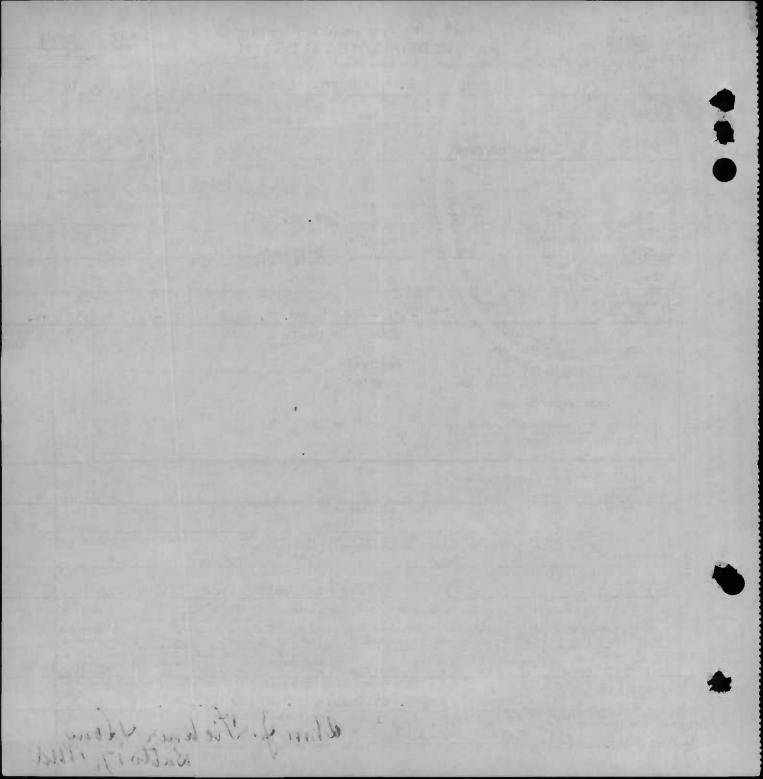
24D. LOCATION (City, town, or county)

ADDRESS

Un. Kulman

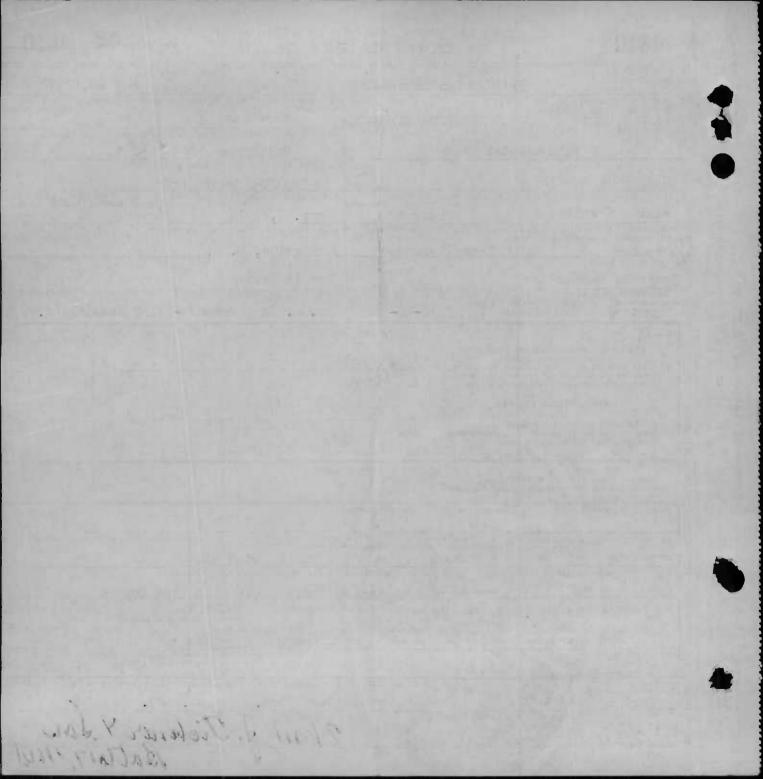
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

M ⁵	5	3 7809 BALTIMORE CITY HE CERTIFICATI		4809
The	1.	NAME OF DECEASED	DDOX 2. DATE OF DEATH May 20	, 1952
戶	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF foot in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If ins A. STATE B. COUNTY Maryland	
ld be caully.	74	OSPITAL OR NOTITUTION 3132 Keswick Road	c. CITY OR TOWN (If outside corporate limits/) Baltimore	vrite RURAL and give township)
		Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 3132 Keswick Road	
	5.	female 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9. AGE (In years 1 Under Month Month	er I Year li Under 24 Kours is Days Hours Min.
should early an	1 C	A. USUAL OCCUPATION (Give kind of Library Housewife 108. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) 12 Marvland	WHAT COUNTRY
IN RESERVED FOR BINDING OING INK. Every item of information shoul ans: please write the causes of death clearly	13	Orlando Harrigan	14. MOTHER'S MAIDEN NAME Edna Dill	
	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yos, give war nr dates of service) (If yos, give war nr dates of service) 220 - 01 - 49	17. INFORMANT ADD 59 Mr. J. Earl Trager-3132 Ke	RESS Swick Rd.
	CATION			
MARGIN I UNFADING Physicians: p	CERT	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.	ATION	20. AUTOPSY?
, WITH portant.	CAL	21a. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB. 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., e	or 21c. WHERE DID (If in Baltimore City, give	YES X NO
TRITE PLAI.	MEDI	Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the one of the control of	etermined .	
PLEA V	TIC	AA. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETER 2	nal Cem. Balto., Md.	21, 1952 county) (State)
	1	N991X	Balto 17	Ma



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

M5		E OF DEATH Registered No.	4810
ca Iy Shi	1. NAME OF DECEASED (Type or Print) FRANCIS Benjamin MADDO)	2. DATE OF DEATH May 20	0, 1952
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF '' f not in hospital or institution, give street address of	4. USUAL RESIDENCE (Where deceased lived. If inst	
	HOSPITAL OR location location 3132 Keswick Road		rite RURAL and give township)
	Yrs. Mos. c. Length of stay in Baltimore Days	0000 00 00 00	
ld be	5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify widowed)	8. DATE OF BIRTH 9. AGE (In years) If Unde	er I Year If Under 24 Hours s: Days Hours Min.
should early a	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator Transit Company	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?
VDING information shous of death clearly	Benjamin Maddox	14. MOTHER'S MAIDEN NAME Carrie Marion	
BINDING of inform uses of dea	(Yes, no or unknown) (If yes, sive war or dates of service) yes World War II 212-18-3659	Mr. J. Earl Trager - 3132 Kesw	ress rick Rd.
RESERVED FOR BINI INK. Every item of it please write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		INTERVAL BETWEEN ONSET AND DEATH
MARGIN R UNFADING Physicians: p	UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONOITION CAUSING IT. U 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR	RATION	20. AUTOPSY?
	21A. EXTERNAL CAUSE WAS UNDERLYING OF ON CONTRIB.		exact location)
RITE PLAI	UNDERLYING IN OR CONTRIB. UNDERLYING IN OR CONTRIB. DIAMETER AUSE OF DEATH. home	3132 Keswick Road RED 21F. HOW DID INJURY OCCUR? W Hanged self with rope to bed above, held an autopsy to Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the distance of the the distanc	ctermined [].
PLEA WE	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE 110N, REMOVAL (Specify)	ACCICTANT MEDICAL EVANINED TO	21, 1952 county) (State)
	VS 151 N 991 X 625 5	Ballo	17, Mul.



DECEASED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

last birthday) Months; Days Hours; Min.

before admission) RULAL and give

township)

	BIRTH NO.
Į	1. NAME O (Type or Pri
1	3. PLACE O
	B. FULL NA

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UNFADING Physicians:

NFADING

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CE

EDIC

RESERVED

MINNIE LIEBMANN

2. DATE May 19, 1952 OF DEATH

Saltimore City, Maryland	A. STATE	(Where deceased lived, If institution: residence B. COUNTY before admissi
ULL NAME OF (If not in hospital or institution, give street address or	Md.	^ 7
FITUTION 21.70 V troler Asso	c. CITY OR TOWN	(If outside corporate limits, we te RULAL and
TITUTION 3418 Kentucky Ave.	D-744	townsl

Yrs.

CAUSE OF DEATH

Baltimore

8. DATE OF BIRTH

D. STREET ADDRESS (If rural, give location)

3418 Kentucky Ave.

Mos. c. Length of stay in Baltimore Davs 5. SFX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) white single female 10A. USUAL OCCUPATION (Give kind of

108, KIND OF BUSINESS OR INDUSTRY

Plow Co. John Deere

Aug. 14, 1889 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland

Secretary (rtd)

18.

14. MOTHER'S MAIDEN NAME

Minna Schultz

Bruno Liebmann

work done during most of working life, even if retired)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Mrs. Alvina Dashiells - 3418 Kentucky Av

9. AGE (In years)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO DUE TO (C)

20. AUTOPSY

INTERVAL BETWEEN

ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

NO (If in Baltimore City, give exact location)

21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING CAUSE OF DEATH

218. PLACE OF INJURY (e.g., in or ebout home, farm, fectory, street, office bldg., etc.) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21c, WHERE DID

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

WHILE AT NOT WHILE WORK

19 40 to.

22. I hereby eertify that I attended the deceased from. 1952 and that death occurred at deceased alive on 23A SIGNATURE

L.m., from the carlses and on the date stated above. 23B. ADDRESS

23c. DATE SIGNED 50-15

19, 19 2 that I last saw the

ADDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 5/22/52 24c. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.

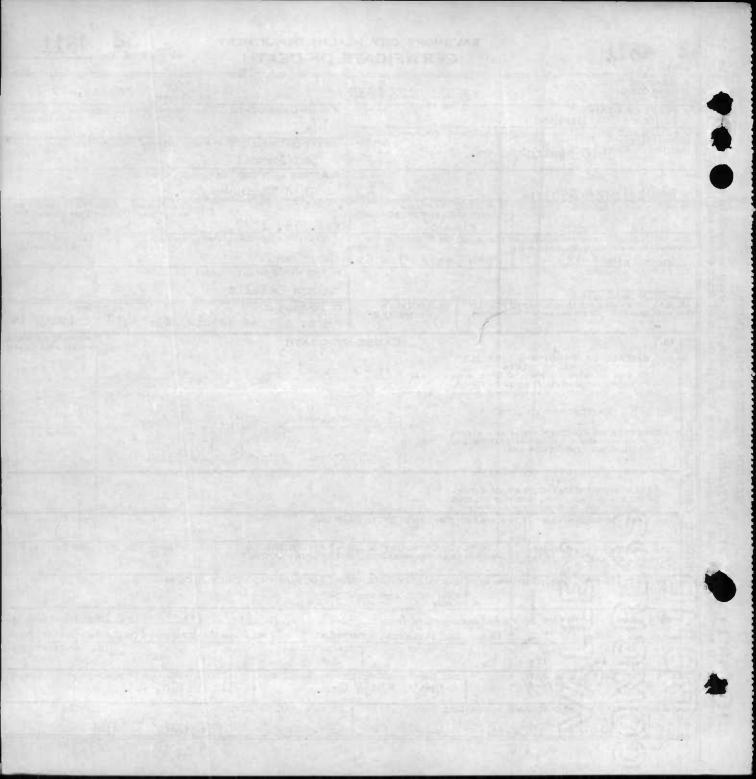
24D. LOCATION (City, town, or county) Pikesville. Md.

25 FUNERAL PARECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE MAY 22 1952

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VS 150

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MARGIN RESERVED FOR BINDING WITH UNFADING INK. Every item of information should be caully in partant. Physicians: please write the causes of death clearly and legible.	52	481; RTH NO.	3			EALTH DEPARTMENT E OF DEATH	Registered	2 4812 No
	1. NAME OF DECEASED (Type or Print) WILLIAM E. ORCHARD						2. DATE OF DEATH May	19, 1952
	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR HOOD Nursing Home						Where deceased lived, I	
	Yrs. Mos. c. Length of stay in Baltimore Days					D. STREET ADDRESS (If 17 Cedarwood		5200
	5.	male	6.COLOR OR RACE		. MARRIED, ED, DIVORCED (Specify) wed	June 28, 1867		If Under 1 Year onths Days Hours Min.
	10A. USUAL OCCUPATION (Givekind of work done during most of worklog life, even if retired) Owner Hardware			11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
	William E. Orchard			14. MOTHER'S MAIDEN N Martha Croft	AME	V		
	15 (Ye	o, was decease e, no or uokoowo) no	ED EVER IN U, S. ARMED (If yes, give war or date)	FORCES? of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT Mrs. Anna O.		Cedarwood Rd.
	ICATION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEAT 3 not mean the mode o 10 not mean the mode of mean the mode of mean the mode of mean the mean	"H f dying, e. g. ns the disease aused death. ES F ANY, GIVING STATING TH	(A) La (B) (B)	of DEATH bar Prince Chirl How as Varialing	monine mharis Panal Si	INTERVAL BETWEEN ONSET AND DEATH
	CERTIF	TRIBUTING	II SIGNIFICANT COND! TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE		enility		
	DICAL	21A. ACCID	DE OPERATION 1	21B, PLA	FINDINGS OF OPER CE OF INJURY (e. g., 1rm, factory, street, office bldg.,	o or 21C. WHERE DID (If in Baltimore City,	20. AUTOPSY? YES NO Property
	ME	CAUSE OF			PIE. INJURY OCCURR		Y OCCUR?	
RITE PLAI is especially		22. I hereb deceased al		ended the	deceased from	1921, to rred at 11 m., from t	5/19, 191 the causes and on	that I last saw the the date stated above.

Oak Lawn Cem.

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial

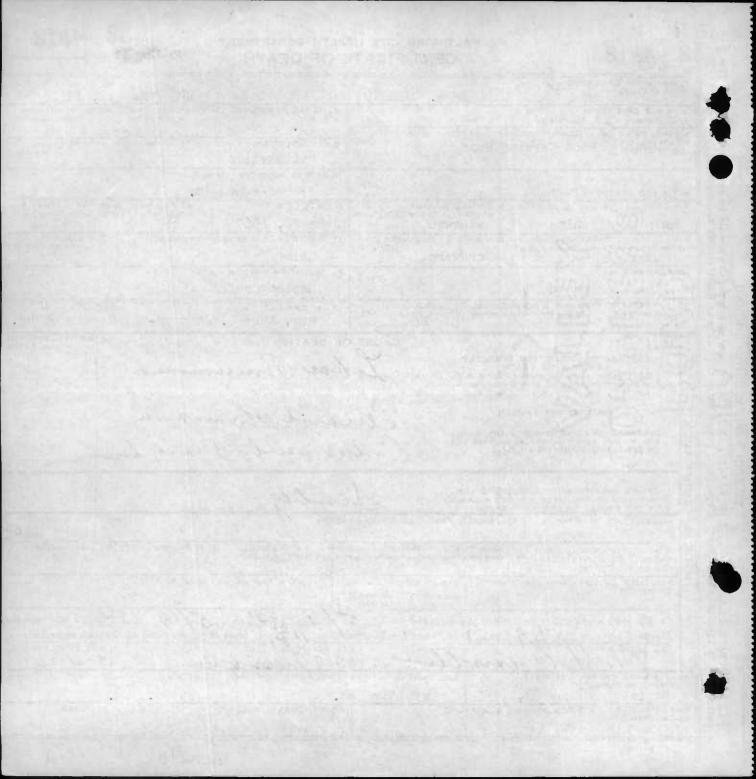
DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

May 23,

23c. DATE SIGNED 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Md. 25 FUNERAL DIRECTOR ADDRESS



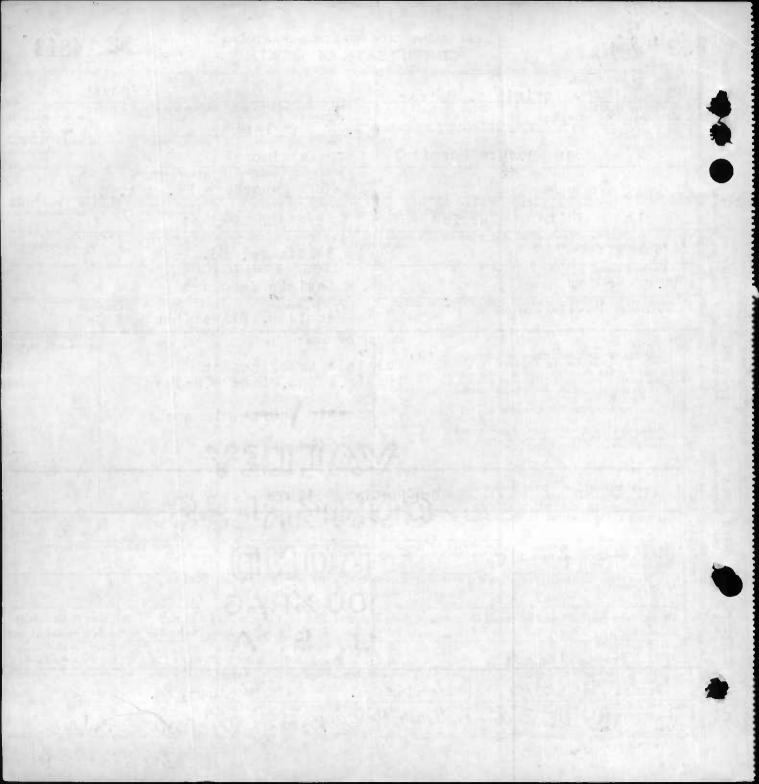
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L, WL	portan	
LLA	ecially Cortant. Pl	

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VS 150

1 52 4049	Y HEALTH DEPARTMENT CATE OF DEATH Registered R. 4813
(Type or Print) Mrs. Lavinia E. Oliver	2. DATE OF DEATH 5/20/52
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street add local loca	reation) C. CITY OR TOWN (If outside corporate limits white RURAL and give Baltimore)
Tonoth of store in Deltin	Yrs. O. STREET ADDRESS (If rural, give location) Mos. 4500 Monordone Ind.
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (MATTIED	Days 4508 Manordene Rd. Apt. C Specify 8. DATE OF BIRTH 9. AGE (In years M Under 1 Year Months Days Hours Min. 8/23/05 4508 Manordene Rd. Apt. C
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Henry Hauser	14. MOTHER'S MAIDEN NAME Lavinia Langford
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY	No. Harold D. Oliver(husband)Same
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING (B)	Interval Between onset and Death liple Embolization rain, lungs, kidneys, spleen) heumatic Heart Disease
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OBJECT OF CONTRIBUTION TO THE OBJECT OF CONDITION CAUSING IT.	tive Failure
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION 20. 'AUTOPSY?' YES NO
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office CAUSE OF DEATH	
	CURRED 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from deceased alive on May 20, 1952, and that death 23A. SIGNATURE Davis Llaate M.	april 15, 1952, to May 20, 1952, that I last saw the occurred at 9.52 pm., from the cluses and on the date stated above. 238. ADDRESS 0. Bon Secours Hospital 5/20/52
Burial 5/23/52 Lorraine	METERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) Cem. Woodlawn, Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR



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MARGIN RESERVED FOR BINDING	WRITE PLAI. WITH UNFADING INK. Every item of information should be cage is especially important. Physicians: please write the causes of death clearly and legisty.
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	RIT.
	W. W.

CERTIFICATION

MEDICAL

1 24 5	2 4814 BIRTH NO. BALTIMORE CITY HE CERTIFICATE	ALTH DEPARTMENT Registered	2 _{No.} 4814	
	1. NAME OF DECEASED (Type or Print) Bertha May Schools	DEATH	-20-62	
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, I A. STATE B. COUNTY	f institution: residence before admission)	
	B. FULL NAME OF (If not in bospital or institution, give street address or HOSPITAL OR INSTITUTION Un won Memorial Hosp.	c. CITY OR TOWN (If outside corporate limits of the corporate limits)	re its, write RURAL and give township)	
0	C. Length of stay in Baltimore Yrs. Days	D. STREET ADDRESS (If rural, give location) 265 N. Tyrone Road		
-	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	May 25, 1883 68	N Under 1 Year N Under 24 Hours onths Days Hours Min.	
	10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life, even if retired) School Teacher - retired	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY?	
10000	Benjaminf. Schools	14. MOTHER'S MAIDEN NAME Emma Long		
1000	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS	

18. 414 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

(If in Baltimore City, give exact location

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

, 1952, that I last saw the

21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)

21E. INJURY OCCURRED

21B. PLACE OF INJURY (e.g., in or |

about home, farm, factory, street, office bldg., etc.)

21F, HOW DID INJURY OCCUR?

19 5710

21c. WHERE DID

INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

NOT WHILE!

22. I hereby certify that I attended the deceased from deceased alive on 5-20, 1952, and that death occurred at 8 23A. SIGNATURE

m., from the causes and on the date stated above. 23c. DATE SIGNED 238. ADDRESS

24A. BURIAL. CREMA-TION REMOVAL (Specify) Burial

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, fown, or county)

DATE RECEIVED BY

May 23, 1952

Mt. Lebanon

Mt. Lebanon, Pa. FUNERAL DIRECTOR ADDRESS

5-20

REGISTRAR'S SIGNATURE LOCAL REGISTRAR unbrughon

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DID	TH NO

UNFADING INK. Every item of information should be ca Physicians: please write the causes of death clearly and legi-

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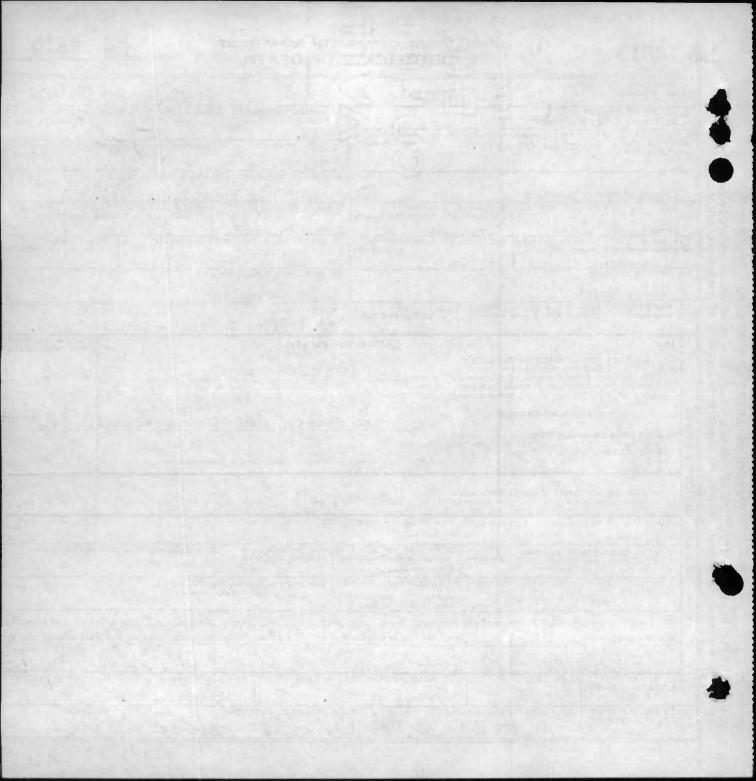
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gistered No	

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	1815	ВА		EALTH DEPARTMENT	Registered N	4815
BIRTH	an day and		CERTIFICATI	E OF DEATH	registered iv	U.
I. NA	ME OF DECEAS	ED			2. DATE	
(Type	or Print)	ELLEN BRU	INT RIEPE		OF Ma	ly 20, 1952
	CE OF DEATH			4. USUAL RESIDENCE (W	Where deceased lived. If i	
	Itimore City, N			A. STATE	B. COUNTY	before admission)
HOSPI	ITAL OR NI	(If not in hospital or institu orthwood Apts.	loeation)	c. CITY OR TOWN (If	outside corporate inits	, Write RURAL and give
INSTI	TUTION	or our ood Apobe			1/1	township)
0-4			Yrs.	Baltimore D. STREET ADDRESS (If:	munal give legation)	
			Mos.	D. STREET ADDRESS (II	rural, give location)	
	ngth of stay in		Days	4210 Loch Rav	The second secon	pt. 424
5. SEX	6.00		E, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours nths: Days Hours Min.
fer	nale w		ried	Sept. 11, 1876	75	
10A. U	SUAL OCCUPAT	ION (Givekindof) IOB, KIN	D OF BUSINESS OR	II. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
	during most of working		INDUSTRY	England		WHAT COUNTRY?
	THER'S NAME	l at ho	Wits.	14. MOTHER'S MAIDEN NA	AME	
T.	Janes Denni					
	denry Brun	NIN U. S. ARMED FORCES?	146.606141	Ellen Carpmail		
Yes, no	or unknown) (If ye	es, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
				Mr. Charles G	Riepe - North	wood Apts.
18.	592X		CAUSE	OF DEATH		INTERVAL BETWEEN
		CONDITION DIRECTLY	,			ONDER AND DEATH
	(This does not me	ING TO DEATH ean the mode of dying, e.	g., (A)	braema		1 wk +
	heart failure, asth-	enia, etc. It means the dises eation which caused deat	ise,	***************************************	_	
	injury of compile	eation which caused deal	al.) DUE 10		· - [0.	1. 11
	ANTEC	CEDENT CAUSES	/1/4	aure. Zople	reles Ilmes	Judefund
	DISEASES OR C	ONDITIONS, IF ANY, GIV	(B)			
Ě	RISE TO THE ABO	OVE CAUSE (A) STATING TO	THE DUE TO			
Y .	UNDERLING C	ONDITION LAST.	(C)	***************************************	?*************************************	
Ĭ						
E	OTHER SIGNIFI	II CANT CONDITIONS CO	N. // 100	1 / -	1	1 mls
	TRIBUTING TO TH	E DEATH, BUT NOT RELATED OR CONDITION CAUSING	TED YOUNG	single from	Homade	I OK.
	A. DATE OF OPE		R FINDINGS OF OPER	RATION		20. AUTOPSY?
						YES NO
<u> </u>	IA. ACCIDENT W	AS LINDER 218. PL	ACE OF INJURY (e. g., i	n or 21c. WHERE DID (I	If in Baltimore City, g	
LY	VING OR CONTAUSE OF DEATH	TRIBUTING about home	o, farm, factory, street, office bldg.,	eto.) INJURY OCCUR?		
S		(Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
OF	INJURY		WHILE AT NOT WHILE		-	
_		m.	WORK - AT WORK		7/4 44 15	
22	. I hereby cert	ify that I attended th	e'deceased from	Mrs., 194 (00)	May 190 7	that I last saw the
de	ceased alive on	, 19	, and that death occur	rred at 7: 45 Am., from to	he causes and on th	e date stated above.
23	A. SIGNATURE	- 12 1	1 2	3B. ADDRESS	10.01	23c. DATE SIGNED
	MAST	rancel in Dec	M MN M.D.	2818 A10 auc	of Jack	Lucys/May 21-5
24A.	BURIAL, CREMA-	24B, DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town,	or eounty) (State)
HON, R	EMOVAL (Specify)	5/22/52	Druid Ridge	Cem. Pike	esville, Md.	1
		REGISTRAR'S SIGNAT		25. FUNERAL DIRECTOR		ADDRESS

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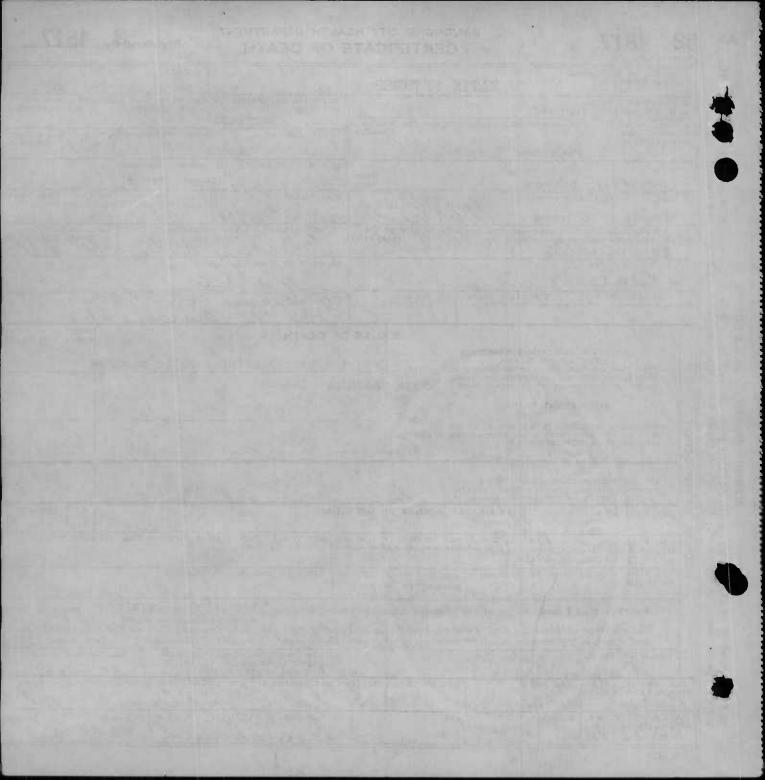
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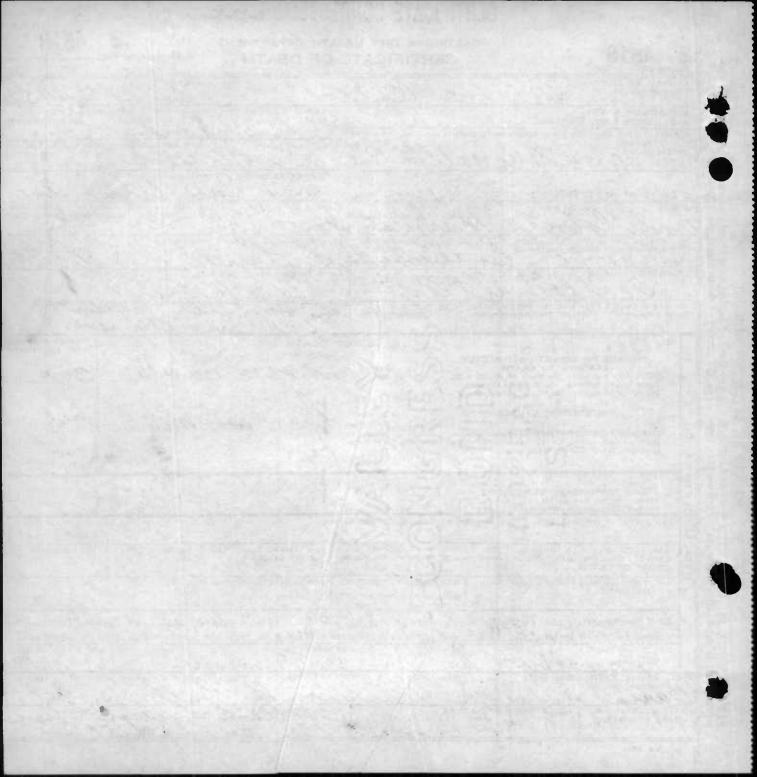
BALTIMORE CITY HEALTH DEPARTMENT

Registered No.	1917	
Registered No.	72(7) [/	

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No	<u> 40 i / </u>
I. NAME OF DECEASED (Type or Print) KAT	IE PETRESS		2. DATE OF DEATH May	19, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in s. COUNTY	stitution: residence before admission)
HOSPITAL OR INSTITUTION	ution, give street address or iocation)		outside corporate limits,	write RURAL and give township)
Provident Hosp:	Yrs.	D. STREET ADDRESS (If		
c. Length of stay in Baltimore	Mos. Days		ount Street	
Female Colored	CE, MARRIED, OWED, DIVORCED (Specify)	MN. 23, 1900	51	nder i Year If Under 24 Hours ths Days Hours Min.
10a, ys/AL OCCUPATION (Give kind of pork to the following most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIGTHPLACE (State or fo	reign country)	WHAT COUNTRY?
13. FATHER'S NAME Outle	www.	14. MOTHER'S MAIDEN TO	L -	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	814 Min	mount s	oress L
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, of heart failure, asthenia, etc. It means the dise injury or complication which caused des ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	e.g., (A) Hyperese, ath.) XXXXX VASCU		lerotic cardi	0-
OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED			
U 19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	RATION		20. AUTOPSY?
	LACE OF INJURY (e. g., i ne, farm, factory, street, office bldg.,		f in Baltimore City, gi	ve exact location)
Z 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURR WHILE AT WORK NOT WHILE WORK	ED 21F. HOW DID INJURY	OCCUR?	
22. I certify that I took charge of the the evidence obtained by said Au and death in my opinion resulted	ntopsy, Inspection or a from: natural cause	Autopsy, I Inquiry, find that said de	Inspection or Inquiry ceased died on the , homicide , unexaminer	day stated above,
24A. BURIAL GREMA: 249. DATE TION REMOVAL (Specify) Man 24/195	24C. NAME OF CEMETE	RY OR CHEMATORY 24D. LC	DICATION (City, town, o	
DATE RECEIVED BY REGISTRAR'S SIGNATURE OF THE PROPERTY OF THE	Williams A.D	163/NA	wiel Ac	Cl Che.
V S 151		8 1 4		V



4818 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived in institution : residence A. STATE A. Baltimore City, Maryland COUN before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) te RURAL and give C. CITY OR outside corporate limits INSTITUTION Yrs. D. STREET Mos c. Length of stay in Baltimore Days on should be If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min. 12. CITIZEN OF of working life, even if retired) WHATC information death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? of 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) INTERVAL BETWEEN Every item write the cau 18. 9 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) L. 11 RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED [1] TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 218. PLACE OF INJURY (e. g., in or | 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED | 21F. HOW DID INJURY OCCUR? OF INJURY especially HOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from Lef. 20 , 195, to May 18 , 195 that I last saw the WRITE re is espe 1952, and that death occurred at line m., from the causes and on the date stated above. deceased alive on Buck 23A SIGNATURE 23c, DATE SIGNED 4c. NAME OF CEMETERY (City, town, or county) nanda REGISTRAR'S SIGNATURE RECEIVED BY VS 150

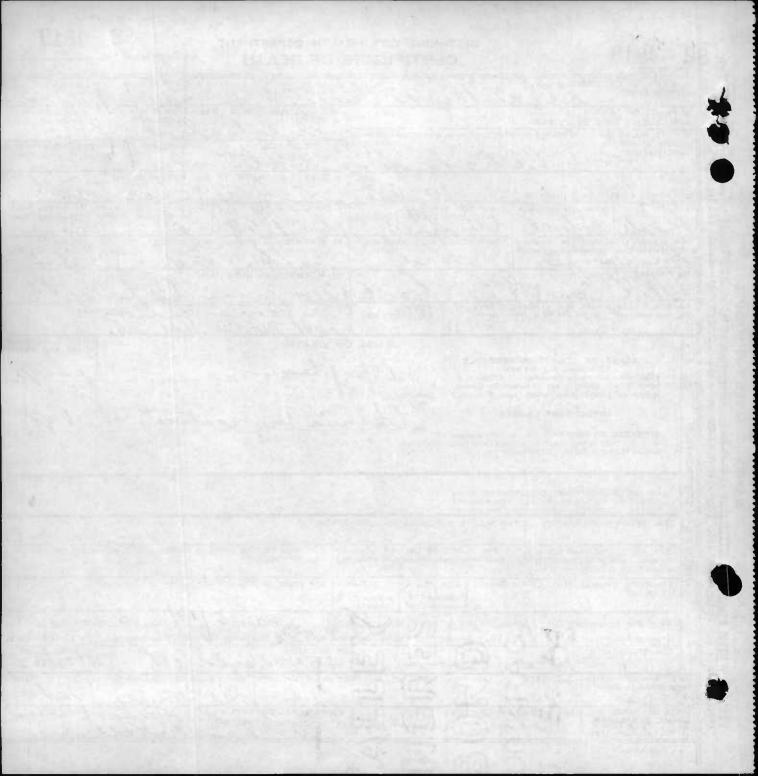


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BALTIMORE	CITY H	HEALTH	DEPARTMENT
CERTI	FICAT	TE OF	DEATH

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Registered No. BIRTH NO 1. NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where deceased light, It is 3. PLACE OF DEATH: stitution: residence before dmission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) RAL and give INSTITUTION township) Mos. c. Length of stay in Baltimore 6. COLOR OR RACE It Under 1 Year iast irthday) Months Days Hours Min. RTHPLACE (State or foreign country CUPATION (Give kind of 10B. KIND BUSINESS OR 12. CITIZEN OF during most of working life, even if retired) INDUSTR uslive MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO RTIFI H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 4 EDIC 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (s. g., in or 21c. WHERE DID (If in Baltimore City, give exact iocation) about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 1952, that I last saw the 22. I hereby certify that I attended the deceased from deccased alive on 5 2-and that death occurred at 1 from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24c. NAME OF CEMETERY OR 24A. BURTAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) DATE RECEIVED BY MAY 22 1952



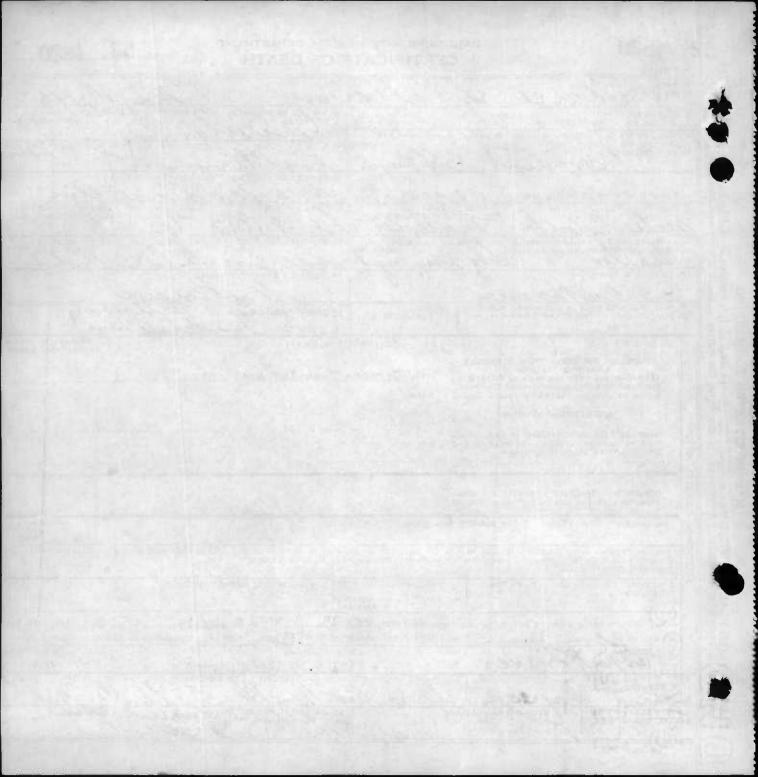
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BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	CERTIFICATE	OF DEATH	Registered	0. 3000
1. NAME OF DECEASED (Type or Print) Karse	I Calla	vail-	2. DATE OF ALL	19 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	s. arom	4. USUKL BESIDENCE ()	Where deceased liver. If in	
B. FULL NAME OF (If not in hospital or INSTITUTION)	r institution, give street address or location)	c. CITY OR TOWN (II	outside corporate limits,	
Moviden	Yrs.	D. STREET ADDRESS (If	rural, give location)	township)
c. Length of stay in Baltimore	40 years Days	2016 M	adian	ave.
	SINGLE MARRIEO, WIDOWED, DIVORCED (Sperity)	16. 28. 1892	9. AGE (In years last birthday) Mon	the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work the during months ording life, even if retired)	DB. WIND OF BUSINESS OR	11. BIRTHELACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	y my	14. MOTHER'S MAIDEN N	AME AME	w. w. w.
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give war or dates of	DRCES? 16, SOCIAL service) SECURITY NO.	Thousand willia.	J. Callon	presej
18. 3314		206/6 ma	dien le	INTERVAL BETWEEN
DISEASE OR CONDITION DIS	RECTLY	OF DEATH		ONSET AND DEATH
(This does not mean the mode of d heart failure, asthenia, etc. It means t injury or complication which caus	the disease,	Wascular Accide	nt	*****
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST.	ATING THE DUE TO	•••••••••••••••••••••••••••••••••••••••	***************************************	
ONDERETING CONDITION LAST.	(C)			
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO				
O THE DISEASE OR CONDITION CA	MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER-	21B. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, gi	YES NO
	oout home, farm, factory, street, office bldg., et	o.) INJURY OCCUR?		The cause to the cause of the c
21D. TIME (Month) (Day) (Year) (Hoof INJURY	WHILE AT NOT WHILE	D 21F. HOW DID INJUR	Y OCCUR?	
22. I hereby certify that I attend	m. work AT WORK ded the deceased from May	15 , 1952, to M	ay 19 , 1952,	that I last saw the
deceased alive on May 19. 1	9 52 and that death occurr		he causes and on the	e date stated above.
23A. GIGNATURE PILKE	2 M. D. 6	Ol N. Calhoun St	reet	5/21/52
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	24C. MAME OF CEMETER	Y OR CREMATORY 340. L	OCATION (City, town, o	(State)
DATE RECEIVED BY REGISTRARS S	IGNATURE.	25 FONERA DIRECTOR	Fureral (A PESSIC
MAY 22 1302 Tunting	ton Villiams Mit	1631 Druis	still a	re.
VS 150	470 74			

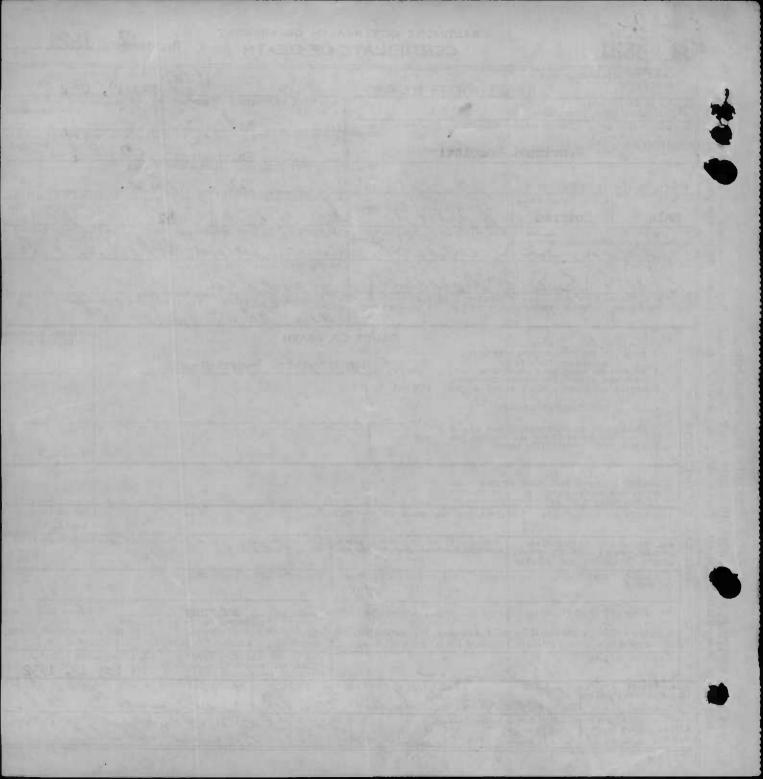


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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 4821 CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) SAMUEL MORRIS DOWNING	2. DATE OF DEATH May 19, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	c. CITY OR TOWN (If outside corporate limits, white AVRAL and give
Provident Hospital	Baltimore 16 township)
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore / Julas. Days	912 N. Monroe St.
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WYDOWED DIVORCED (Specify)	OATE OF BIRTH 9. AGE (In years I Under I Year I Under 24 Hours I Months; Days Hours; Min.
Male Colored Manuel	Mar. 16, 1910 42
10a VSUAL OCCUPATION (Give kind of the control of t	14-BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cabert Lincoln Downens	Vouella say
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURRY NO.	This FOR THE GIST WINTER St.
18. 443 X . CAUSE (OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	
	pertensive heart disease
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	BOOK OF CASE OF STREET
Z DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	STATE OF THE OWNER OF THE PARTY
(C)	
II CONDITIONS	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT.	
TO THE DISEASE OR CONDITION CAUSING IT. U 19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER.	ATION 20. AUTOPSY?
	YES X NO
218. PLACE OF INJURY (e.g., is UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., e	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY) MHILE AT NOT WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described a	bove, held anautopsy thereon and from
the cvidence obtained by said Autopsy, Inspection or I	Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the day stated above, \mathbf{X} , accident \square , suicide \square , homicide \square , undetermined \square .
23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER
244. BURIAL, CREMA 248. DATE 10N, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
But he at Sound of 1 (Sound of A Alder Alea	The let I had Almader W. IN.

REGISTRAR'S SIGNATURE DATE RECEIVED BY untington 151



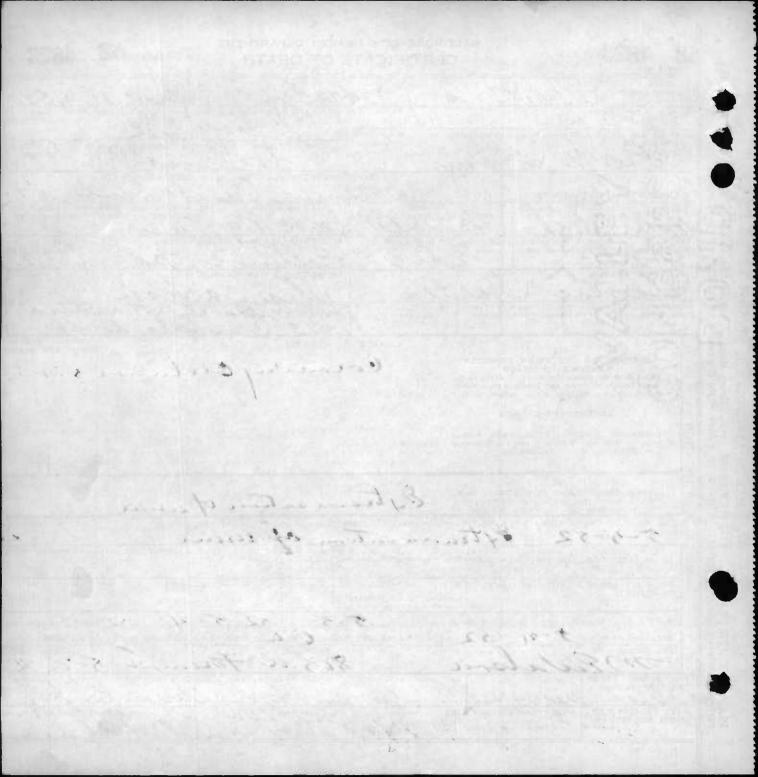
DEATH 4. USUAL RESIDENCE (Where deceased lived If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give location) 9. AGE (In years) If Under 1 Year last birthday) Months; Days Hours; Min. 43 45 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? (If in Baltimore City, give exact location) , 19 Lthat I last saw the 1952, and that death occurred at 520 f.m., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) VS 150

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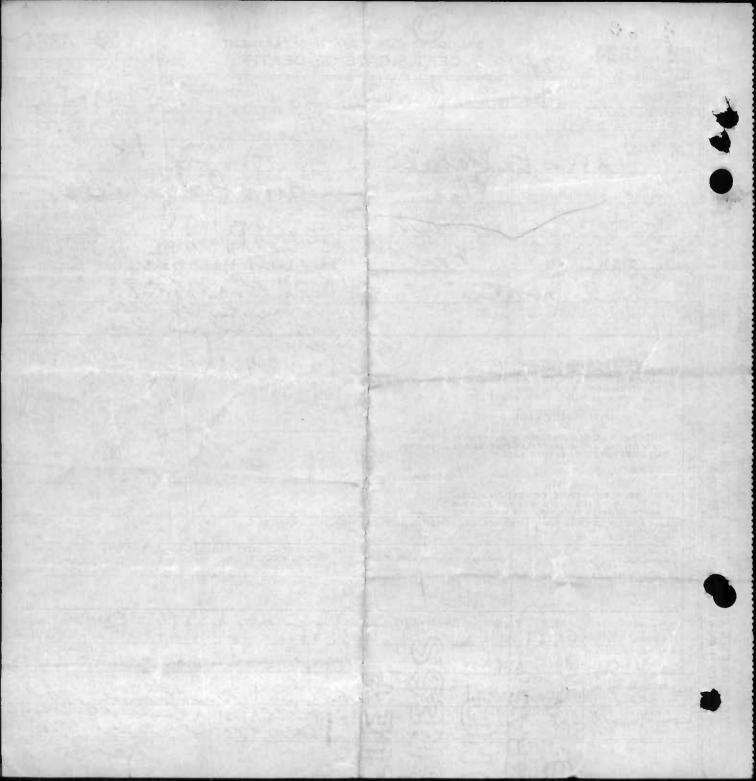
He	52 B	6 3 5 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered 12 4823	
WRITE PLA , WITH UNFADING INK. Every item of information e is especially portant. Physicians: please write the causes of death cle	1. (T 3. A. B. HO 1. N	Type or Print) ALACE OF DEATH: B. Baltimore City, Maryland S. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTOR Length of stay in Baltimore S. SEX 6. COLOR OR RACE 7. SINGLE, MARKIED. WIDOWED DEVORCED (Sporty) ALLONG OF BUSINESS OR INDUSTRY DAMAGE (In years) 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COLN WHAT COLN SECURITY NO. CALISE OF DEATH 13. WAS DECEASED EVER IN U, S. ARMED FORCES? (If yos, givo war or dates of service) CALISE OF DEATH 15. WAS DECEASED EVER IN U, S. ARMED FORCES? (If yos, givo war or dates of service) CALISE OF DEATH INTERVAL BETY d wive iship) I lineus Min.	
	CATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
	MEDICAL CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DESCRIPTION OF CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19BMAJOR FINDINGS OF OPERATION 20. AUTOPS 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere DID (1f in Baltimore City, give exact location) 19BMAJOR FINDING (a. g., in or 21c. Watere	0
	AD.	OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from	bove.
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

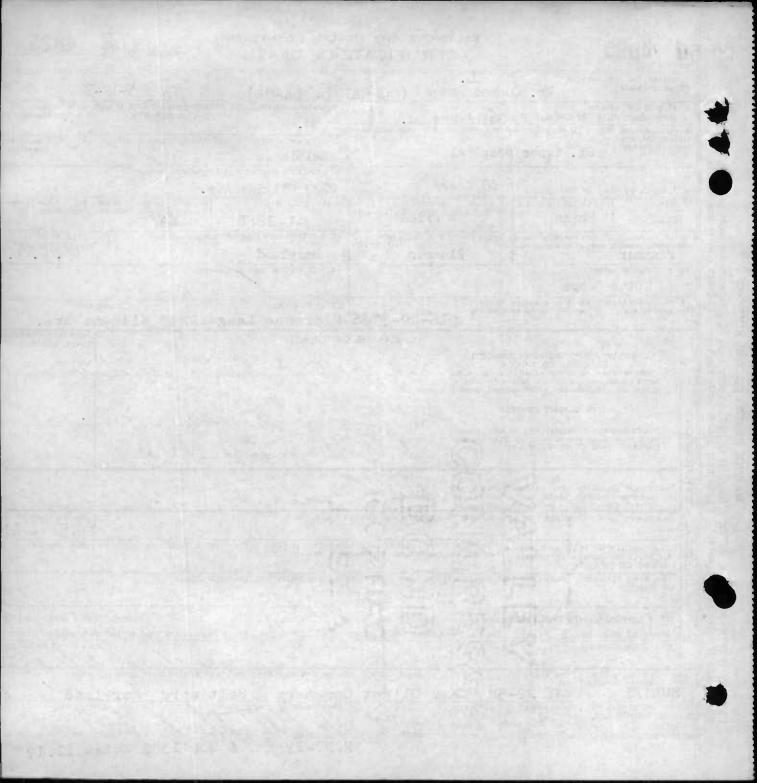
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Registered	No	7	(1	Come	2

BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) 5-19-52 OF Mr. Conrad Laage (CONRAD L. LAAGE) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Baltimore Md (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate/limits, write RUKAL and give INSTITUTION St. Agnes Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 63 Years Mos. c. Length of stay in Baltimore 2233 Wilkins Ave. Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (In years) If Binder 1 Year WIDOWED DIVORCED (Specify) last birthday) Months Days Hours Min. Male White 3-1-1888 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Plummer Plummer Maryland 13. FATHER'S NAME WNST. 14. MOTHER'S MAIDEN NAME Otto Laage 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) Florence Laage 2233 Wilkens Ave. INTERVAL BETWEEN CAUSE OF DEATH 18. 11 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. () 19A. DATE OF OPERATION 19B, MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL aportant. YES NO M 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT! WORK AT WORK 195 that I last saw the 22. I hereby certify that, I attended the deceased from 1952 and that death occurred at m., from the causes and on the date stated above. deceased alive on_ 238. ADDAESS 23A. SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) MAY 22-52 Mt. Olivet Cemetery Baltimore Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

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5	2	4826	BALTIMORE CITY HE	EALTH DEPARTMENT		1000
he	BI	IRTH NO.	CERTIFICATI	E OF DEATH	Registered No.	4826
F		NAME OF DECEASED bype or Print)	1. olchin	rielt: Ss	2. DATE Lus OF DEATH 20, 19	may -
iğ.		PLACE OF DEATH: Baltimore City, Maryland	7	4. USUAL RESIDENCE (Who		itution: residence before admission)
	8.		titution, give street address or location)	mod.	07	DI
III		ISTITUTION 1620 Has	rover St.	c. CITY OF TOWN (If our	atside corporate liming	at RUR. Und give township)
ca	c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If ru	ral, give location)	X.
and la	5.		IGLE, MARRIED, DOWED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In years Under Months	1 Year If Under 24 Hours Days Hours Min.
should learly a		A. USUAL OCCUPATION (Give kind of k doeed trying most of morking life, even if retired)	CIND OF BUSINESS OR	11. BIRTHPLACE (State or fore	ign country) 12	CITIZEN OF WHAT COUNTRY?
tion ch cl	13	FATHER'S NAME	mile () octory	14. MOTHER'S MAIDEN NAM	E .	W131A.
VDING information of death cl		John L. Dehme	dt	Laura y. D	rerger	
	No.	(If yes, give war or dates of service	16. SOCIAL SECURITY NO.	ms. Hannal a	Pelini dd 12	rife dans
e =		18. 443X	CAUSE	OF DEATH	·	INTERVAL BETWEEN ONSET AND DEATH
o it		DISEASE OR CONDITION DIRECT	11 //	6 Gri	2 Voral	301
100		(This does not mean the mode of dying heart failure, asthenia, etc. It means the d injury or complication which caused of	iscase,	enfusive	•••••••••••••	
		ANTECEDENT CAUSES	1) 6	2 Can- Voul	Handany	Bhis-
ESE INK.	N O	DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN		Calledon 10		
	CAT	UNDERLYING CONDITION LAST.				
ADING ADING icians:	E	II				
MARGIN UNFADING Physicians:	ERTI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE				
	U	19A. DATE OF OPERATION 19B. MA.	JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
WITH tant.	AL	0				YES NO
WIT	EDIC		PLACE OF INJURY (e. g., i ome, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)
(A	Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
LA			m. WHILE AT NOT WHILE			
Dec P	1	22. I hereby certify that I attended	the deceased from	19 50 , to		hat I last saw the
WRITE PI		deccased alive on	2, and that death occur	3B. ADDRESS	causes and on the	ate stated above.
W.F.		/ Will	M.D.	107 2 · NS	N N	2/24/7
	TIC	AA. BURIAL, CREMA- DMREMOVAL (Specify)	24C. NAME OF CEMETE	LOUIS TOUR 240. LOC	CATION (City, town, or	county) (State)
PLEA	D	ATE RECEIVED BY REGISTRAR'S SIGN	ATURE	25. FUNERAL DIRECTOR	D AI	DDRESS
4 5		MAY 22 1952 Tuntington	Williams M.D	a Howard	wans	
		VS 150	14.00	S- Charles St.	Balto 30	May

NOT A MEDICAL EXAMINER'S CASE

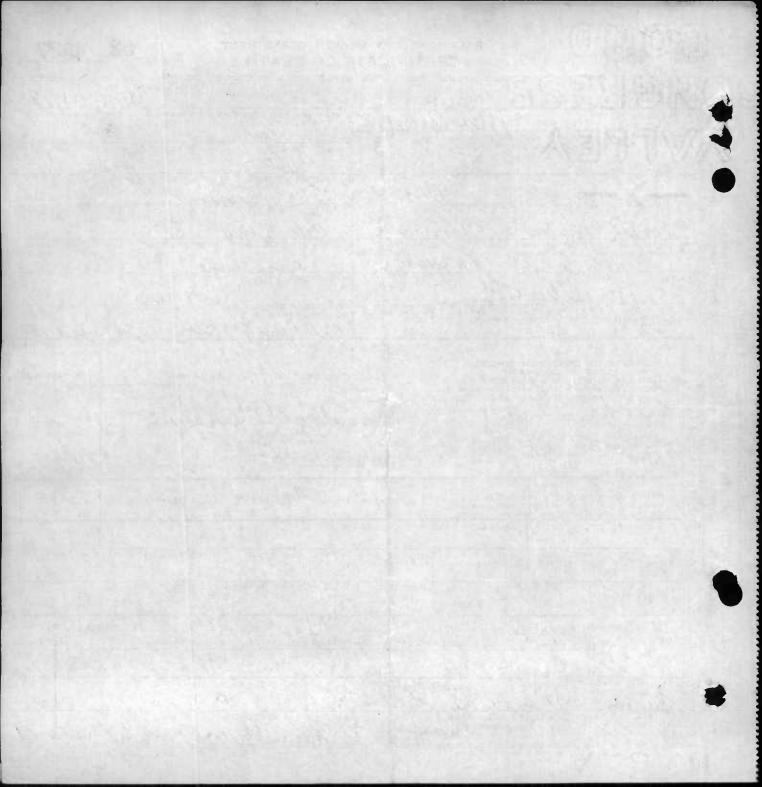
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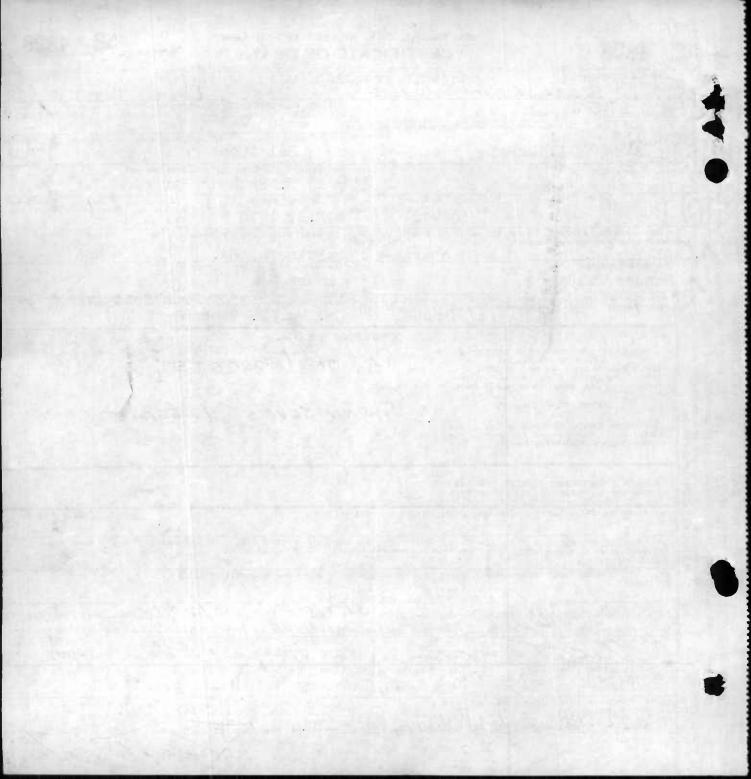
BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

Y-	4	520		BALTIMORE CITY H	FALTH DEPART	IMENT	F-9	4000
The	5 B	2 4827 IRTH NO.			TE OF DEAT	-	istered No	4827
4	(7	NAME OF DECEASED bype or Print)	2 B. C	loung		2. DATE OF DEATH	May	21,195
	A. B.	PLACE OF DEATH: Baltimore City, Mar FULL NAME OF (If r		26 But 18	A. STATE M	ENCE (Where decease B. CO	d lived. If in the	tion: residence before admission
ully.		OSPITAL OR		(/ location	C. CITY OR TOWN	(If outside corpo	orate limits, writ	e RURAL and give
e c leg		Length of stay in Ba		60 yr Mos Day	1801 1	Ess (If rural, give lo	cation	91
should be carly and leg		Temple Out	ule 6	GLE, MARRIED, DOWED, DIVORCED (Specif	(v) 8. DATE OF BIRT		hday) Months I	Yess If Under 24 Hours Days Hours Min.
on she	WOL	A. USUAL OCCUPATION done during most of working life,	(Give kind of Men if retired)	ND OF BUSINESS OR INDUSTR		State or foreign countr		HAT COUNTRY
NDING information shoul	13	FATHER'S NAME	They of h	cm 40	14. MOTHER'S MA	Ligg	(iis	
BINDING of inform uses of dea	15 (Ye	s, no or unknown) (If yes, gi	U, S.WRMED FORCE: e war or dates of service	7 I 16. SOCIAL	Mrs Many	E. Young	1826 B	55 U. 1 M
R can			I NDITION DIRECT		OF DEATH	010		TERVAL BETWEEN
中では		(This does not mean heart failure, asthenia injury or complication	etc. It means the di	sease,	ronary ()	cclusion		pox in
22	7		ENT CAUSES	ger ger	revalezed (titeri xlen	رند	1047+
	ATIO	DISEASES OR CONE RISE TO THE ABOVE UNDERLYING CON	CAUSE (A) STATING	IVING //	pen terision			109n+
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M. UNF	CEF	TRIBUTING TO THE D TO THE DISEASE OR 19A. DATE OF OPERAT	EATH, BUT NOT REL CONDITION CAUSIN	ATED	PATION	my years	4	20. AUTOPSY
WITH ortant.	DICAL	21A. ACCIDENT WAS	UNDER: 218.	PLACE OF INJURY (o. g.	in or 21c. WHERE D	OID (If in Baltimo		YES NO
Tod	MED	LYING OR CONTRIE CAUSE OF DEATH 21D. TIME (Month) (I		ome, farm, factory, street, office bldg		JR? D INJURY OCCUR?		
LA ially		OF INJURY	מנ	WHILE AT NOT WHILE AT WORK	E	Man a	of s	
TE Pespec		deceased alive on 2		the dcceased from , and that death occ		, to ///0/0/ , from the causes of	end on the dat	t I last saw the te stated above.
WRITE PLA	2	23A. SIGNATURE	Den 2/	40 M.D.	642 Na	8 DI-1	5	- 21-52
PLEASE corre	TI	Busician (May 24/	952 Redan	Hell	a.a.k	0	me
PL	L	MAY 2 7 1852	CHARAS SIGN	Williams Mi	a. Houle	18 was 14	co & BI	verles M



BALTIMORE CITY HEALTH DEPARTMENT

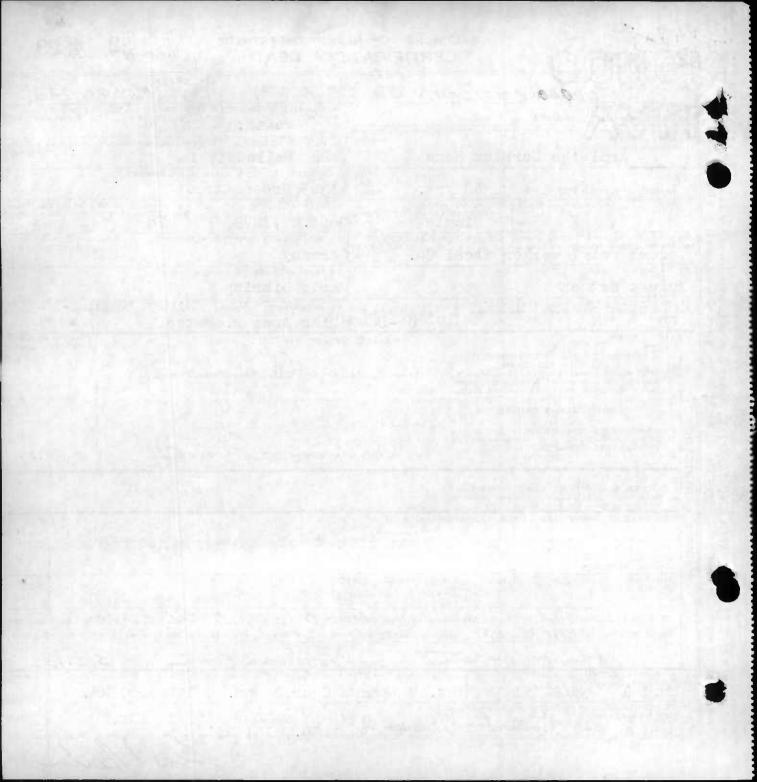
R	128	400 482	3	ВА		EALTH DEPARTMENT	Registered N	2 4828
	1.	NAME OF D Type or Print)	BEN SA	Bei	njamin Fran	klin Ruley	2. DATE OF DEATH Ms	av 21. 1952
-		Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (WASTATE Maryland	here deceased lived, If	
	B.	FULL NAME		al or institu	tion, give street address o	r		. 1
ully y.	IN	Beed	ch Hill Nur	sing :		Baltimore	outside corporate limit	s, write RURAL and give township)
e c			tay in Baltimore		Yrs. Mos. Days	12 N. Potoma		
should be c early and leg	5.	M	6. COLOR OR RACE	WLDOA	E, MARRIED, VED, DIVORCED (Specify DOWER	8. DATE OF BIRTH Nov.1, 1870	9. AGE (in years last birthday) Mo	f Under 1 Year on the Days Hours Min.
n shou	1C	A. USUAL OC k done during most	CUPATION (Give kind of of working life, even if retired)	10s. KINI	O OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
ion cle	13	Clergy	nan		church	Baltimore, Md.		USA
NG rmati death		Samuel				Laura ?	ME	
R BINDING em of information causes of death cl	(Ye	. WAS DECEASI	ED EVER IN U, S. ARMED (If yes, give wer or dates	FORCES?	16. SOCIAL SECURITY NO. NONE	Mr. Wm. T. Slo	Frankfort,	DANESTINE 14
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the car	ERTIFICATION	DISEASE: RISE TO TUNDERLY OTHER STRIBUTING	not mean the mode of re, asthonia, etc. It mean complication which complication which complication which complication which complication which complication condition last complication condition the death, but itsease or condition	ns the disease aused death ES ANY, GIVII STATING TI ST. TIONS COINOT RELATI	NO.	OF IMOSTA		
D _H	C				FINDINGS OF OPE	RATION		20. AUTOPSY?
, WIT	EDICA	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER-		ACE OF INJURY (c. g., farm,factory,street,office bldg.		f in Baltimore City, g	YES NO Zive exact location)
lly rm	Σ		Month) (Day) (Year)	`	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
E WRITE PL. age is especia		deceased al	ive on 5/20/57	ended the	deccased from 5	rred at V: 4. m., from the	ve causes and on the	, that I last saw the
VRI'		23A. SIGNA	alles. A	es.	air I	238. ADDRESS	· PA	23c. DATE SIGNED
age		AA. BURIAL, ON, REMOVAL (S	REMA- 24B. DATE		24c. NAME OF CEMETE Oak Lawn Cer	//	ccation (City, town, timore, Md.	
PLE		MAY 2	P BY REGISTRAR'S			LAE EUNERAL DIRECTOR	SONS, INC.	ADDRESS
		VS 150	1	4		4 11 2.13	Sear 1.	Canle



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MARGIN RESE	UNFADING INK.	Physicians: please
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PLE VSE WRITE PL.	age is
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3		HEALTH DEPARTMENT Registered R	1829
)61	RTH NO.29 CERTIFICA	TE OF DEATH Registered N	0
(T	NAME OF DECEASED type or Print) THEODORP GOTSCH (THEOD		
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If it is a state Penna B. COUNTY B. COUNTY	nstitution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address SPITAL OR location STITUTION IN THE PROPERTY OF THE PROPE	c. CITY OR TOWN (If outside corporate limits	, write RURAL and give township)
10	O Ardleigh Nursing Home	Philadelphia B. STREET ADDRESS (If rural, give location)	
c.	Length of stay in Baltimore 68 yrs. Mo	8. 1205 Choon Stroot	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specific Single)	8. DATE OF BIRTH Sept. 21, 1873 9. AGE (In years if last birthday)	Under I Year II Under 24 Hours aths Days Hours Min.
10 work	A. USUAL OCCUPATION (Givekind of toback of the control of the cont	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	ugust Gotsch . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	Marie Gihring	
(Yes	no or unknown) (If yes, give war or dates of service) 16. SOCIAL 1	17. INFORMANT 2900 Shirey AVE 7 Miss Anna R. Gotsch	DREGS - 14
	1///	E OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g.,	esalized Carcinomatoris	Z
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	augu an company 1870s	
	ANTECEDENT CAUSES		
Z	DISEASES OR CONDITIONS, IF ANY, GIVING		
FICATIO		cinoma of Prostate	2 yrs.
ERTI	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
O	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OP	ERATION	20, AUTOPSY?
CAL			YES ND
MEDI	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bld CAUSE OF DEATH		ive exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK	LE	
	22. I hereby certify that I attended the deceased from		, that I last saw the
	deceased alive on MAY 20, 1952, and that death occ	curred at Ga.m., from the causes and on th	e date stated above.
	John m. Kcarl M.D.	Shongwood Road	5/21/57
24 TIC	A. BURTAL, CREMA- 24B. DATE 24C. NAME OF CEME	TERY OR CREMATORY 24D. LOCATION (City, town,	
	burlal 5/24/52 St. Matthe	ws Church dem. Baltimore,	
LC	MAY 22 1952 Huntington Williams, M	ZE FUNERAL DIRECTOR HENRY SANDER & SONS, INC.	ADDRESS
	VS 150	Sey 1/1	ander



BALTIMORE CITY HEALTH DEPARTMENT

he	5	200 4830 RTH NO.			EALTH DEPARTMENT	5 Registered	2 4830
d. T	1. (T	NAME OF D	Frederick (arl Weiss		2. DATE OF MA	y 20, 1952
ulfs 7. To	B. HC	PLACE OF D Baltimore (FULL NAME OSPITAL OR STITUTION	EATH: City, Maryland	Baltimore, Md. al or institution, give street address of location		Where deceased lived, B. COUNTY f outside corporate lin	If institution; residence before admission) nits, write RURAL and give township)
	c.	Length of s	tay in Baltimore	Yrs. Mos. Days	I SIZ WOITE		
should be early and le	5.	Male	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specific Married	"Feb. 28, 1874	9. AGE (In years last birthday)	Months Days Hours Min.
ation ath cl	work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTR	Baltimore, M 14. MOTHER'S MAIDEN N Elizabeth Ko	ld.	12. CITIZEN OF WHAT COUNTRY?
BINDING of inform uses of dea	15 (Yes	. WAS DECEAS a, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO. NONE	Mrs. Ellen We:		Address t-31
ESERVED FO INK. Every its lease write the	FICATION	(This does beart failt injury or DISEASE RISE TO 1	SE OR CONDITION LEADING TO DEA'S not mean the mode ure, asthenia, etc. It mes complication which ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	DIRECTLY TH Of dying, e.g., ans the disease, caused death.) DUE TO BES (B) FANY, GIVING STATING THE DUE TO	of DEATH socarslinkly winduste		INTERVAL BETWEEN ONSET AND GEATH
MARGIN R UNFADING Physicians: p	CERTII	TRIBUTING	II SIGNIFICANT COND S TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELATEO			
Hd .	CAL		0	98. MAJOR FINDINGS OF OPE		(If in Bultimore City	20. AUTOPSY? YES NO (
WRITE PL.	MEDI	LYING OCAUSE OF 210. TIME OF INJURY	(Month) (Day) (Year by certify that I at live on May 20,	about home, farm, factory, street, nflice bldg	INJURY OCCUR? RED 21F, HOW DID INJURE May 17, , 1952, to 1 urred at 7:40Pm., from 23B. ADDRESS	May 20, 19	52, that I last saw the
PLF WE WR	TIC	4A. BURIAL, ON, REMOVAL (S burial ATE RECEIVE DCAL REGIST	CREMA- 24B. DATE Specify) 5/23	/ .	1400 N. Carolii ERY OR CREMATORY 240.	location (City, too	Id.

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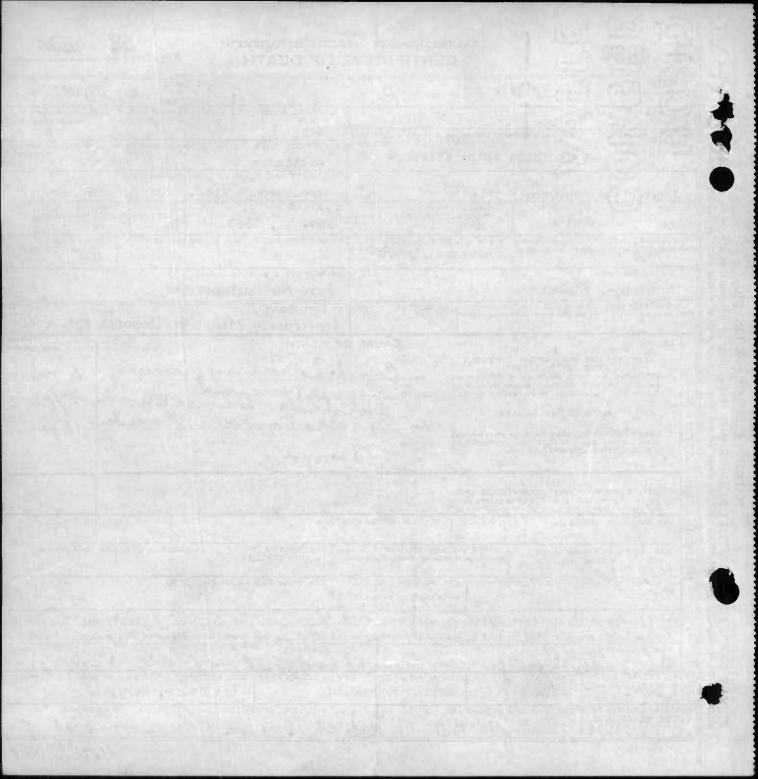
M	16	BALTIMORE CITY H	HEALTH DEPARTMENT		
Je J	5	2 4074	TE OF DEATH	Registered 18_	4831
T -	1.	NAME OF DECEASED (Sype or Print)		2. DATE OF DEATH MALL S	125,959
de	Α.	PLACE OF DEATH: Baltimore City, Maryland 1819 N. Post St. FULL NAME OF (If not in hospital or institution, give street address)	4. USUAL RESIDENCE (Whe		ution: residence before admission)
YIII'		OSPITAL OR location	C. CITY OR TOWN (If ou	tside corporate Umits, vi	te RURAL and give township)
gel leg		Length of stay in Baltimore Life Mos Day	: 1819 h. Por	tal, give location)	
should be	20	Nale White Married (Specif	mar 6th	last birthday) Months	Days Hours Min.
ion shou	work	DA. USUAL OCCUPATION (Give kind of the done during most of working life, even if retired) Walchman	1 Md.		CITIZEN OF WHAT COUNTRY?
information s of death cle		Lenry mohr	anna Mc. Y	nahon	
em of inf	(Ye	5. WAS DECEASED VER IN U.S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Mrsdillie Moh	2/8/9/ Po	test
y ite		DISEASE OR CONDITION DIRECTLY	rousy Through		A LCS
INK. please v	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	teriosclerosis		
UNFADING Physicians:	CERTIFI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
H .	AL	19a, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	ERATION		20. AUTOPSY?
WITH	1EDIC	21A. ACCIDENT WAS UNDER: LYING OR CONTRIBUTING about home, farm, factory, street, office bldg CAUSE OF DEATH		n Baltimore City, give e	exact location)
ally h	4	21D. TIME (Mouth) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY m. WHILE AT NOT WHILE AT AT WORK	E	OCCUR?	
TE PLA especiall		22. I hereby certify that I attended the deceased from deceased alive on 12 0 19, and that death occ	urred at S. Dopm., from the	eauses and on the do	
WRITE	24	23A. SIGNATURE HARALES M. D. 4A. BURIAL, GREMA- 24B. DATE 24C. NAME OF CEMET	23B. ADDRESS 600 Wilken FERY DR CREMATORY 24b. LOC	ATION (City, town, or co	DATE SIGNED Ways Winty) State
EAST	#	Burial May 24 953 Holy Res	deemen Bel	air Roas	DRESS
PLE	LC	MAY 22 1952 Huntington Williams, M.F.	Lea & leook moi	-03 N. Patters	on Park
		VS 150 76	350		ave

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16.5	ORE CITY HEALTH DEPARTME RTIFICATE OF DEATH	ENT 52 4832 Registered No.
1. NAME OF DECEASED LEON FISHEL		2. DATE OF May 21,1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR INSTITUTION)	c prect address or Maryland c. CITY OR TOWN	CE (Where deceased lived. If institution; residence B. COUNTY before admission) (If outside corporate finits, write AURAL and give
Marlborough Apts. Wil	Yrs. D. STREET ADDRESS	township) (If rural, give location) 1 Apts. 1701 Eutaw Place
5. SEX 6. COLOR OR RACE 7. SINGLE, MAR		9. AGE (In years It Under I Year It Under 24 Hours
10A. USUAL OCCUPATION (Givekind of work dependence meet of working life, even if retired) Insurance	Brokers or Alabama	te or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Michael Fishel	14. MOTHER'S MAID	
	ocial ecurity no. 17. Informant Mrs. Bessie I	ADDRESS Fishel Merlborough Apt. 6 F.
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Cerebrovase (C) Same	Fypertrophy 2 years
OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
194. DATE OF OPERATION 198. MAJOR FIND	INGS OF OPERATION	20. AUTOPSY?
	INJURY (e. g., ln or 21C. WHERE DID pry, street, office bidg., etc.)	(If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. IN WHILE AT WORK		JURY OCCUR?
22. I hereby certify that I attended the deceased alive on 5-10, 195, and the 230. FIGNATURE COMMANDER CAREMA- 24B. DATE 24C. N.	sed from 1945, 19, that death occurred at 10 says from 23B. ADDRESS M. D. 2281 Eut	no 5-4, 1937, that I last saw the rom the causes and on the date stated above. 23c. DATE SIGNED 23c. DA
DATE RECEIVED BY REGISTRAR'S SIGNATURE, MAY 22 1932 Hantington William	29 FUNERAL DIRECT	TOR 9 Bus-1124 26 W.
VS 150	450 73	North One



24A. BUJUAL, CREMA-TION, REMOVAL (Specify) 248 DATE 13URIAL DATE RECEIVED BY LOCAL REGISTRAR VS 150

25. FUNERAL DIRECTOR ADDRESS

ENO OF EAST NORTHAUE

AY 20, 195

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

ONSET AND DEATH

20. AUTOPSY

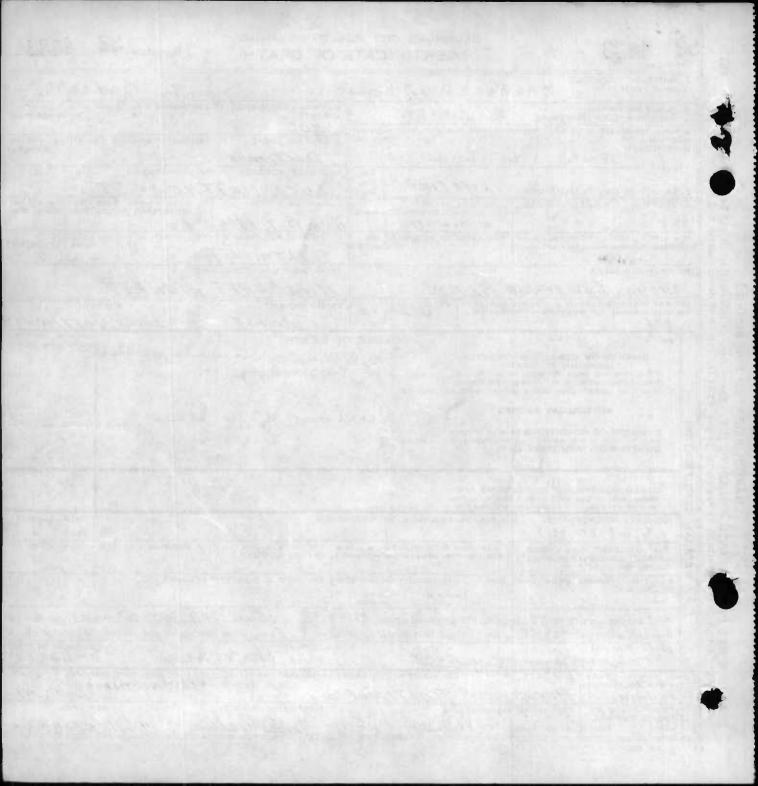
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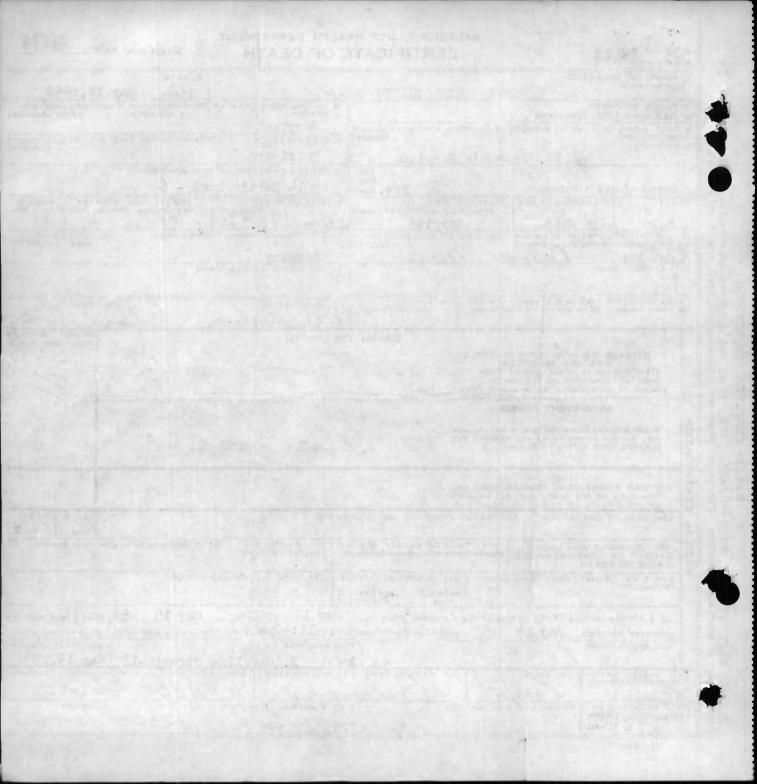
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	436		ВА	LTIMORE CITY HE	EALTH DEPARTMENT	-	9 4094
B	2 NO.48	34		CERTIFICAT	E OF DEATH	Registered No	2 4834
1. (T	NAME OF D		ENRY	SCHLOTHAUER		2. DATE OF DEATH MAY	19,1952
	PLACE OF D Baltimore	EATH: City, Maryland			4. USUAL RESIDENCE (
H	FULL NAME	OF (If not in hosp	ital or institu	tion, give street address or location)		f outside corporate limits,	write RURAL and give
11	ISTITUTION	St. J	oseph's	Hospital	Baltimore	le l	(sownship)
				Yrs. Mos.	D. STREET ADDRESS (If		
	Length of s	tay in Baltimore	7. SINGL	b/ Yrs, Days	5014 Belair R	9. AGE (In years) If W	nder i Year If Under 24 Hours
	Male	White	WIDOV	ved, divorced (Specify) Married			hs Days Hours Min.
1C War	A. USUAL OC	CUPATION (Give kind of working life, eyen if retited	fl 108, KIN	D OF BUSINESS OR	11. BIRTHPLACE (State or f	foreign country) 1	2. CITIZEN OF WHAT COUNTRY?
	ettred	- labe	net !	maker	Germany		
'`	2	AAME			14. MOTHER'S MAIDEN N	IAME	
15	5. WAS DECEAS	ED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL	17. INFORMANT	ADI	DRESSO AS
(1)	a, no or unitiown/	(11 year, give wat or da	ses at service)	SECURITY NO.	Mrs. Hermin	ra Schlor	thaner 34
RTIFICATION	(This does heart failt lnjury or DISEASE:	SE OR CONDITION LEADING TO DE not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAL SOR CONDITIONS, HE ABOVE CAUSE (A YING CONDITION to	ATH of dying, e. cans the disea caused deat USES IF ANY, GIVI) STATING T	8., (A)	Ineumour - C nerolyed arlend listetes Greek	(hachs)	
CERT	TRIBUTING	II SIGNIFICANT CONE S TO THE DEATH, BUT SISEASE OR CONDITION	NOT RELAT	ED			
1	19A. DATE C	OF OPERATION	19в. МАЈОР	R FINDINGS OF OPER	RATION		20. AUTOPSY?
AEDICA		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., i farm, factory, etreet, nffice bldg.,	in or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City, given	ve exact location)
	21D. TIME OF INJURY	(Month) (Day) (Yea	r) (Hour) m.	21E. INJURY OCCURR WHILE AT WORK AT WORK		Y OCCUR?	REAL PROPERTY.
	22. I hereb	y certify that I a	ttended the	deceased from		May 19, 1952,	
	deceased a		1952		rred at 11:140pm., from	the causes and on the	
	23A, SIGNA	E. 1. Co	Hay V			e Street -13	May 19,1952
2 TI	AA. BURIAL	CREMA- 24B. DATE	2/05	24c. NAME OF CEMETE		OCATION (City, town, o	
BL	ATE RECEIVE	D BY REGISTRAL	'S SIGNAT	URE	25. PUNERAL DIRECTOR		ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ADDRESS

Leonard J. Ruck, 5305 Harford Road

1. NAME OF DECEASED 2. DATE (Type or Print) OF Anne Dolan DEATH May 21, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RUR III and give INSTITUTION 5526 Belair Road Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 5526 Belair Road c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (in years) WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. white female married July 16- 1876 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Ireland at home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mr. Frank Bolan, 5526 Belair Road INTERVAL BETWEEN 18. 420,1 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING OF RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) I RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION DICAL YES NO X 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-INJURY OCCUR? shout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK ATWORK . 1957 to May LI 22. I hereby certify that I attended the deceased from Now Yo 193 that I last saw the 20, 1951, and that death occurred at a. _m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE 5/24/52 Burial Holv Redeemer Baltimore, Maryland

25. FUNERAL DIRECTOR

DATE RECEIVED BY

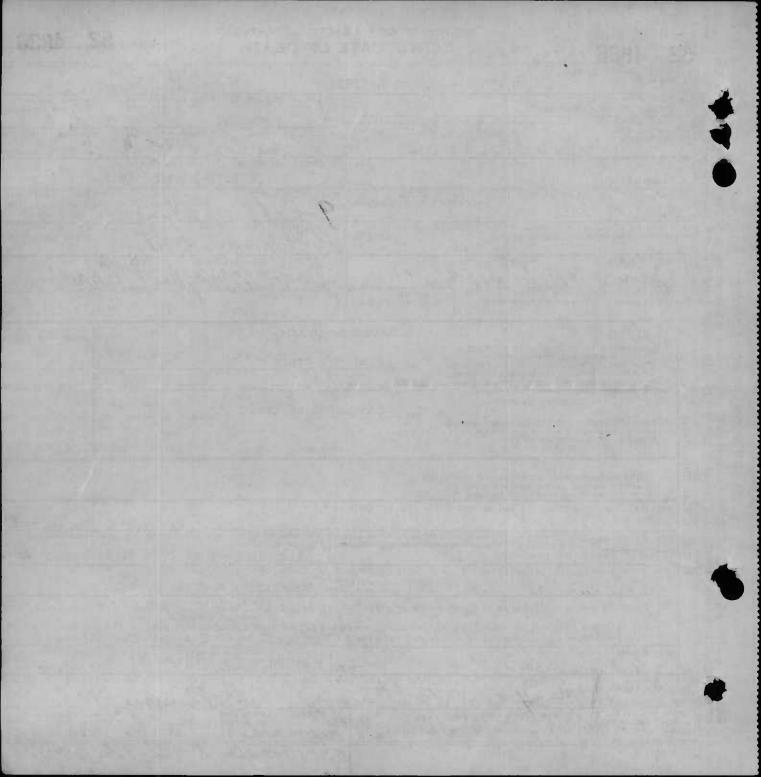
LOCAL REGISTRAR

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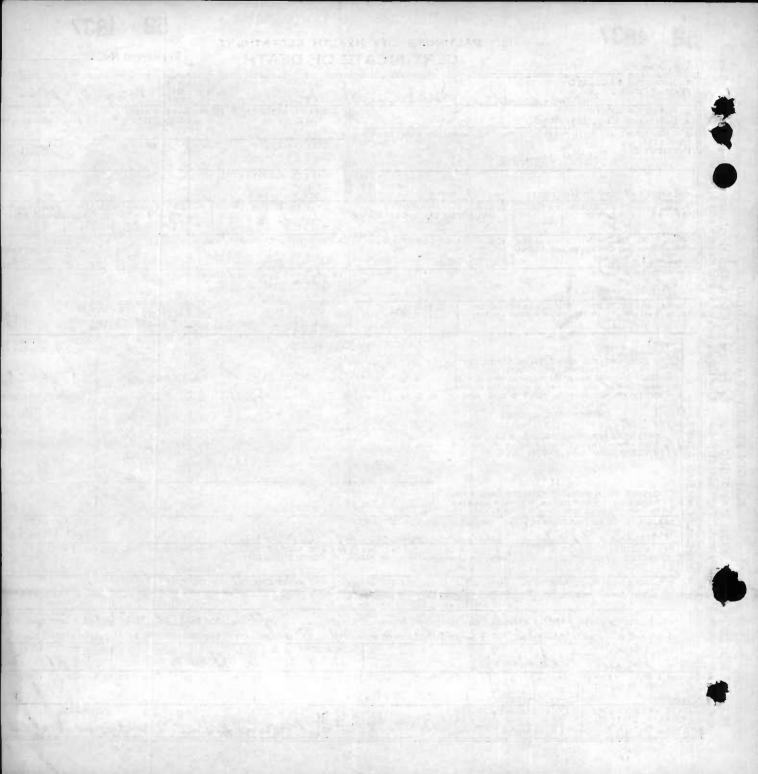
Dr. Haase Harford Read Terrace



before admission)

20. AUTOPSY?

township)



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BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.		CERTIFICATI	E OF DEATH	- Registered	No.
	NAME OF DECEASED ype or Print) JO	SEPH	YANCHE		1 22.1111	y 2, 1952
	PLACE OF DEATH: Baltimore City, Maryland			A. STATE	NCE (Where deceased lived. B. COUNTY	If institution: residence before admission)
В.		al or institut	ion, give street address or location)	c. CITY OR TOWN	(If outside corporate lim	nits, write RURAL and give
11	St. Joseph'	s Hospi			csonville	
			Yrs. Mos.		SS (If rural, give location)	
	Length of stay in Baltimore	7 SINGLE	Days E. MARRIED.	8. DATE OF BIRTH	W. Bay Street	It Under 1 Year II Under 24 Hours
	Male White	MIDOM	VED, DIVORCED (Specify) Unk	5/2/1900	last birthday) 52	Months Days Hours Min.
	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) Unk.	10B. KIND	O OF BUSINESS OR INDUSTRY		nk.	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME			14. MOTHER'S MA	IDEN NAME	
	Unk.				Unk.	
	. WAS DECEASED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Administration	ADDRESS
CERTIFICATION	DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of the complex of the	FH of dying, e. of disease F ANY, GIVII STATING TI ST. TIONS COI NOT RELATI CAUSING I	(a) Coron (b) Aneur (c) Cirrh	of DEATH mary occlusion mrdial infarc mysm of left mosis of the	ventricle	20. AUTOPSY?
AL (7				ID (If in Baltimore City	YES X NO
EDIC	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	ebout home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg			, give exact itemory
Σ	21D. TIME (Month) (Day) (Year) OF INJURY	,	2 IE. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID	INJURY OCCUR?	
	22. I certify that I took char the evidence obtained by and death in my opinion	said Aut	opsu. Inspection or l	Inquiry, find that	Partial Autopsy Autopsy, Inspection or Inquir said deceased died on suicide . homicide .	the day stated above
	23A. SIGNATURE	De th	/_	23B. CHIEF ME	DICAL EXAMINER	May 2, 1952
2 TI	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify) MA 2 ATE RECEIVED BY REGISTRAR	2-52	BASTUDARE		BHATTIM ON W	VI, or county) (State) ////////// ADDRESS
L	OCAL REGISTRAR Hunting	J- 11/	lliams, M.P.	0 .	Annacot	V
V	S 151		*		4600 LIBERT	1 H 276+15. AVE

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BALTIMORE	CITY	HEALTH	H DEPARTMENT
CERTI	FICA	TE O	F DEATH

W	5	3 4841	BA	LTIMORE CITY	HEALTH DEPAR	RTMENT	52 4841	
4	В	RTH NO.		CERTIFICA	TE OF DEA	TH Regi	istered No.	
The	1.	NAME OF DECEASED	FRANK I			2. DATE OF		
7 .			EO WINTE		DEATH	May 19, 1952 ed lived. If institution: residence		
60	Α.	3. PLACE OF DEATH: A. Baltimore City, Maryland					UNTY before admission)	
6	H	SPITAL OR	ution, give street addres locati					
113	IN	City H	ospitals			Baltimore	township)	
DIA				Yı Me		D. STREET ADDRESS (If rural, give location)		
e ca legibiy.		Length of stay in Baltim		DE DE		6727 Boston Ave. 1 8. DATE OF BIRTH [9. AGE (in years) If Under I Year If Under 24 Hours		
NDING information should be s of death clearly and l		Male White	WIDO	wed, divorced (Spe	Jan. 7, 19	926 last birt	hday) Months Days Hours Min.	
shou		A. USUAL OCCUPATION (Giv doneduring most of working life, even if	retired)	ID OF BUSINESS OR	RY)	E (State or foreign countr	WHAT COUNTRY	
on s	13	Trucking Co.	Sel		14. MOTHER'S	Lmore, Md.	U.S.A.	
natio		Frank J. Wi	nterling		Loui	Lse A. Gross		
BINDING of inform uses of dea		. WAS DECEASED EVER IN U.S.		16. SOCIAL SECURITY NO	17. INFORMANT		ADDRESS	
NDJ inf s of	(10		d War II	219-20-527	Frank J.	Winterling ,Rt	.13 Box 380, Ba., 21.	
ean sa	1	18. 422, 2 DISEASE OR CONDI LEADING TO (This does not mean the	DEATH	Y	e of death	t disease	INTERVAL BETWEEN	
Prof.		heart failure, asthenia, etc.	It means the disc	ase,	161.6.11.11.11.11.11.16.11.11.11.11.1	• • • • • • • • • • • • • • • • • • •		
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MARGIN R UNFADING Physicians: p		11		(0,				
ARC AD sicia	RTIFIC	OTHER SIGNIFICANT						
NIN	CEF	TO THE DISEASE DR CON	DITION CAUSING		PERATION		20. AUTOPSY?	
H		19A. DATE OF OPERATION	198. MAJO	K FINDINGS OF O	ENATION		YES NO	
WITH important.	EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21B. PLACE OF INJURY (e.g., in or INJURY OCCUR? (If in Baltimore City, give exact location) INJURY OCCUR?						
Will W	Σ							
LA		22. I certify that I tool	charge of th	e remains describe	d above, held an	autopsy	thereon and from	
WRITE PL		the evidence obtain and death in my op	ed by said Au inion resulted	topsy, Inspection of from: natural car	ses 🔼, accident [🗌, suicide 🔲, homic	ed on the day stated above ide \square , undetermined \square .	
WR.		23A. SIGNATURE	288 F	sher	ASSISTANT	MEDICAL EXAMINER. MEDICAL EXAMINER. NVESTIGATOR	Ware 10 1050	
45		A. BURIAL, CREMA- 24B. D	ATE	24c. NAME OF CEMI		RY 24D. LOCATION (City, town, or county) (State)	
PLE.	1-	Burial May	23,1952	Sacred Hear			Hill Rd., Ba.Co., Md	
PI		CAL REGISTRAR	ertinitors	Wellinger et	25. FUNERAL D	S Derley 901	S. Conkling St.	
	V	S 151	0	250	(2)	90		

** . . ATTENDED TO SEE . N. C. and C. M. Bullionall of Charle Steel St. Co. St. - e = -

1. NAME OF DECEASED (Type or Print)

Patrick Cavanaugh

2. DATE May 20. 1952 OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence

Registered No.

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto, City (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR INSTITUTION I44I William St.

ANSTATE B. COUNTY before admission) Mid. (If outside corporate limits, write RURAL and give C. CITY OR TOWN Balto, City

D. STREET ADDRESS (If rural, give location)

Yrs. Mos. 52 yrs. c. Length of stay in Baltimore Davs 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Mala White

I44I William St 9. AGE (In years) 8. DATE OF BIRTH last birthday) | Months: Days | Hours | Min. Dec. I5. Abt. 11. BIRTHPLACE (State or foreign country)

Widowed IOA. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR rork done during most of working life, even if retired) INDUSTRY Laborer Balto 13. FATHER'S NAME

Ireland 14. MOTHER'S MAIDEN NAME

Arthur Cavanaugh

Catherine Murtaugh 17. INFORMANT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

DUE TO

DUE TO

(C) ..

Honora M. Dunleavy I44I William INTERVAL BETWEEN CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

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ONSET AND GEATH

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

.S.A

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

218. PLACE OF INJURY (e. g., in or) about home, farm, factory, street, office bldg., etc.)

Cathedral

WORK

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

2 IF. INJURY OCCURRED WHILE AT NOT WHILE

2 IF. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from_ 19 and that death occurred at deceased alive on . 23A. SIGNATURE

1 7019

ADDRESS

, that I last saw the [12.m., from the causes and on the date stated above. 23C. DATE SIGNED

24A. BURIAL CREMA-24H DATE TION, REMOYAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY

AT WORK

24D. LOCATION (City, town, or coupty)

DATE RECEIVED BY LOCAL REGISTRAR

I952 REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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Burial

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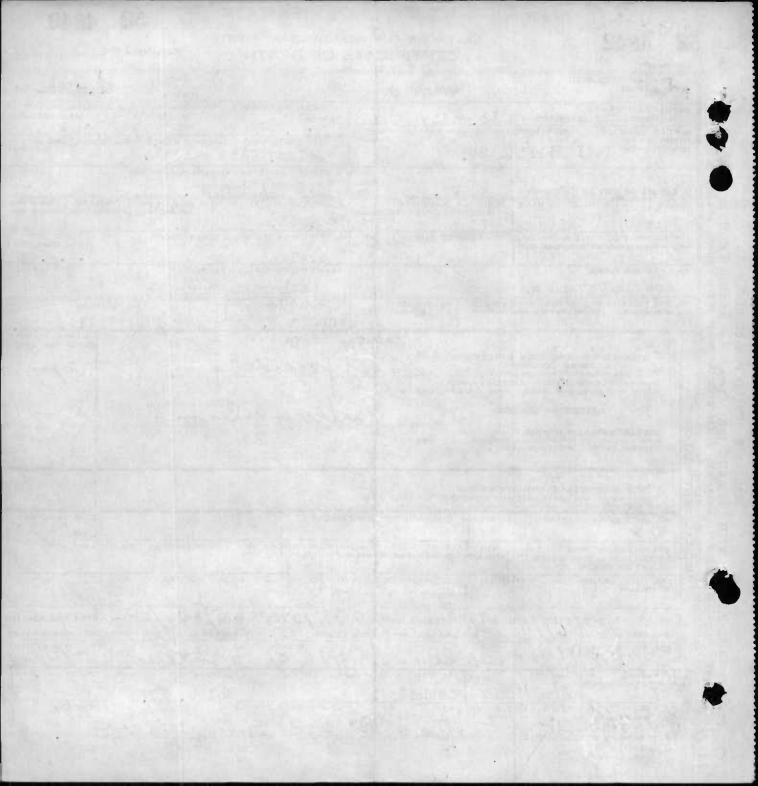
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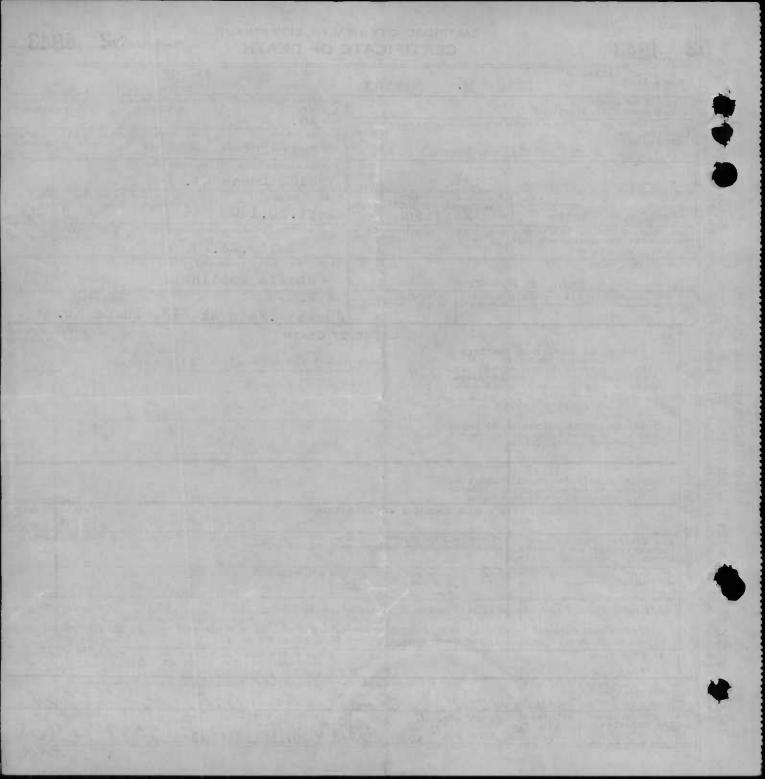


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BALTIMORE CITY HEALTH DEPARTMENT

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ME	200	22 4843		BAI		EALTH DEPARTMENT E OF DEATH	Registered N2	4843
The		NAME OF DEC	ceased LEON	A M	MATUSAK		2. DATE OF DEATH May 2	2. 1952
	Α.	PLACE OF DEA Baltimore Ci	ty, Maryland			4. USUAL RESIDENCE (itution : residence before admission)
9	HO	FULL NAME O SPITAL OR STITUTION			cion, give street address of location	c. CITY OR TOWN (I	If outside corporate lines, w	riteRVRAL and give township)
ory.	14		South Baltin		neral Hospital Yrs. Mos.	Balto City		1 33/4
d be cannot be designed			y in Baltimore		F. MARRIED.	4132 Duane	1 9 AGE (In yours) H lind	er 1 Year M Under 24 Hours
	10	Female	White UPATION (Givekinder	M	VED, DIVORCED (Specify ATTIEC D OF BUSINESS OR	Sept.30,1908	Alast birthday) Month	CITIZEN OF
should learly ar			working life, even [fretired]	TOB. KIND	INDUSTRY	Balto.Md	•	WHAT COUNTRY?
ath c	13	. FATHER'S NA	lexander I	rown		Cecilia Smo		
BINDING of information shoul uses of death clearly			EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	James Z.Matus		RESS St.
BIN of uses	Ī	18. 322	' I			OF DEATH	AR 4100 Dam.	INTERVAL BETWEEN ONSET ANO DEATH
FO y it the	ı	(This does	E OR CONDITION LEADING TO DEA not mean the mode of e, asthenia, etc. It mes	TH of dying, e.	g., (A) Acute	and chronic alc	oholism	
RESERVED INK. Ever please write	ı	injury or o	omplication which	aused deat				
RESER INK.	TION		OR CONDITIONS, I					
N RJ NG I	4		NG CONDITION LA		(C)			
MARGIN I UNFADING Physicians: I	RTIFIC	TRIBUTING	II SNIFICANT CONDI TO THE DEATH, BUT EASE OR CONDITION	NOT RELAT	EO			
H	L CE	19a. DATE OF			FINDINGS OF OPE	RATION		20. AUTOPSY?
, WITH	EDICA	UNDERLYING	L CAUSE WAS OR CONTRIB-		ACE OF INJURY (e. g., farm, factory, street, office bldg.		(If in Baltimore City, give	exact location)
y in	Σ	210. TIME (MOTE OF INJURY	Ionth) (Day) (Year)		21E. INJURY OCCURE WHILE AT WORK AT WORK			
TE PLA especiall					remains described	Autopsy	Inspection or Inquiry	thereon and from
		and dea	th in my opinion	resulted	opsy, Inspection or from: <u>natural cause</u>	Inquiry, find that said of 18 ♣, accident □, suicide	$e \square$, homicide \square , und	etermined [].
r WR]		23A. SIGNATI	in Motorta	1/-		238. CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGA	TOR Ma	y 22, 1952
e co	TIC	N. REMOVAL (Sp	ecify) May 36	-1852	Holy Com	ERY OR CREMATORY 240.	A Com.	county) (State)
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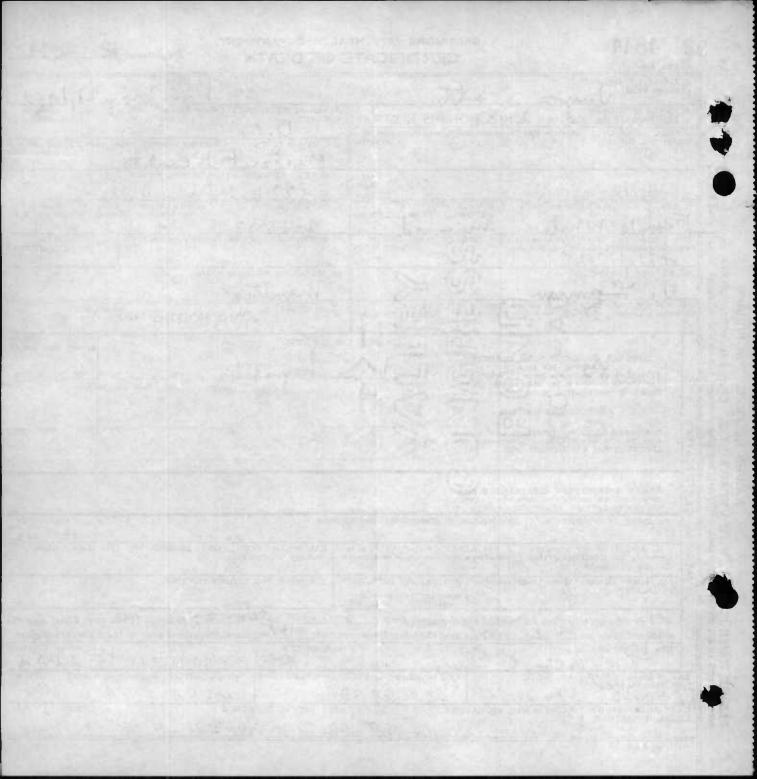


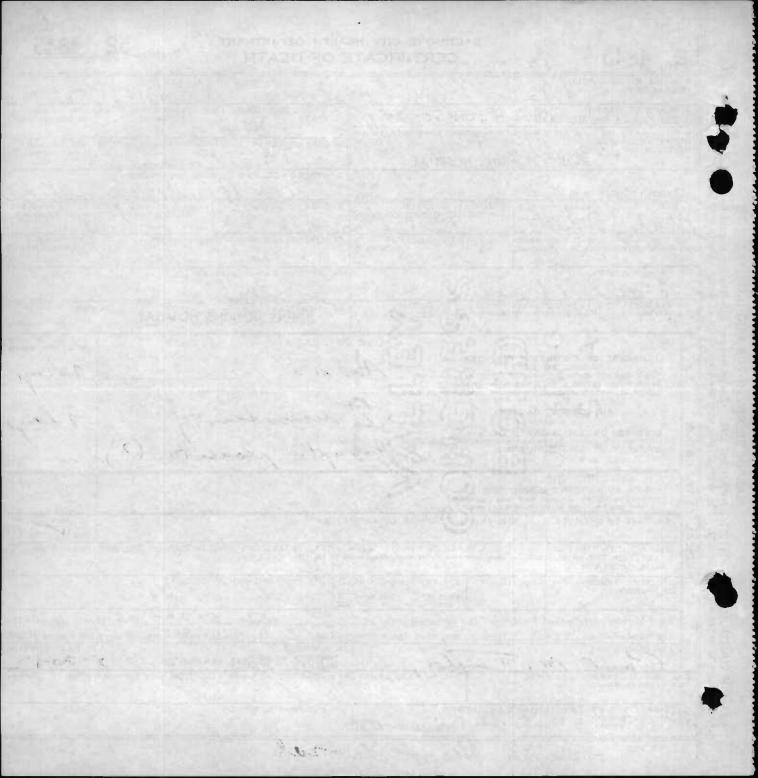
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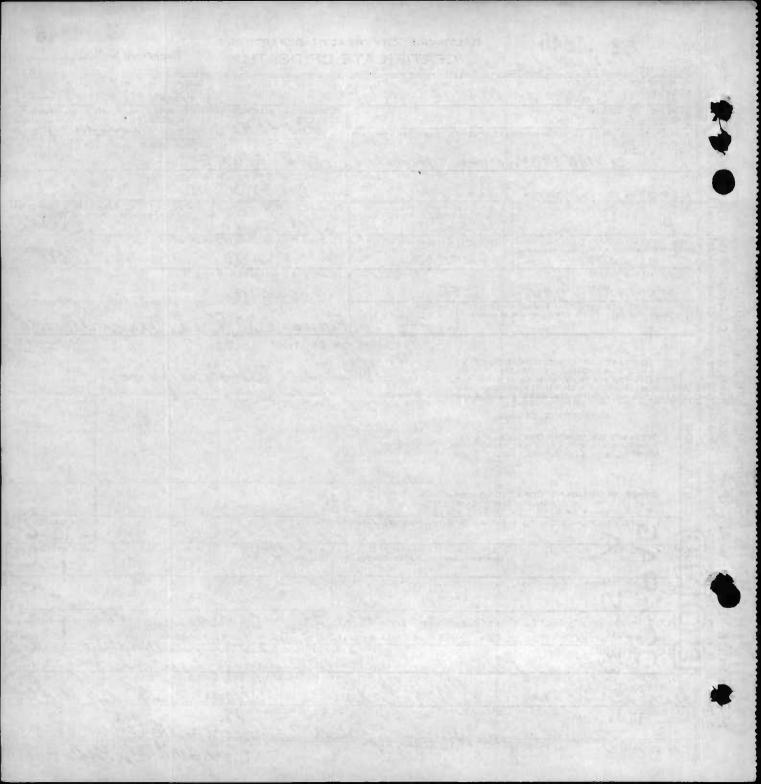
BALTIMORE CITY HEALTH DEPARTMENT /

Registered No.	48	44
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BIRTH NO.	CERTIFICAT	E OF DEATH	Registered	No. 4844
1. NAME OF DECEASED (Type or Print)	cott		2. DATE OF DEATH MA	w 21,1952
A. Baltimore City, Maryland JOHN	S HOPKINS HOSPITAL institution, give street address or	4. USUAL RESIDENCE	(Where deceased lived, If B. COUNTY	i stitution : residence before admission
HOSPITAL OR INSTITUTION	location)	C. CITY OR TOWN	(If cutside corporate limit	ts, write RURAL and giv township
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	+;
Female White	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	3-11-33	last birthday) Mo	ff Under 1 Year II Under 24 Hours onths Days Hours Min
work done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		Manth.	NAME	
15. WAS DECEASED EVER IN U. S. ARMED FO. (Yes, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT JOHN	NS HOPKINS HOS	PITALSS
18. 092 X DISEASE OR CONDITION DIR		OF DEATH		INTERVAL BETWEEN
(This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which cause	e disease.	s hepatite	<u> </u>	6 weeks
Z O DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	Y, GIVING (B) TING THE DUE TO (C)			
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CALL	RELATED			
19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPER	ATION		YES NO
= ZIA. ACCIDENT WAS UNDER. Z	18. PLACE OF INJURY (e.g., i out home, farm, factory, street, office bldg.,		(If in Baltimore City,	give exact location)
21D. TIME (Month) (Day) (Year) (Ho OF INJURY	ur) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK	ED 21F. HOW DID INJU	JRY OCCUR?	
22. I hereby certify that I attend deceased alive on 5-1, 19	ed the deceased from	5-11 1952, to red at 915 Pm., from	5-21, 1952 in the causes and on the	that I last saw the
Leighton E.	Clust M.D. 2	38. ADDRESS	PKINS HOSPITAL	5-22-52
24A. BUNIAL, CREWA- TION, REMOVAL (SPECY) REMOVEL MAY 22-14	154 CON COR	attended to the second	ALL ACE	N.C
DATE RECEIVED BY REGISTRAR'S SI	GNATURE WILLIAM MOV	25. FUNERAL DIRECTO		
THAY 456 1952				10-0101-0





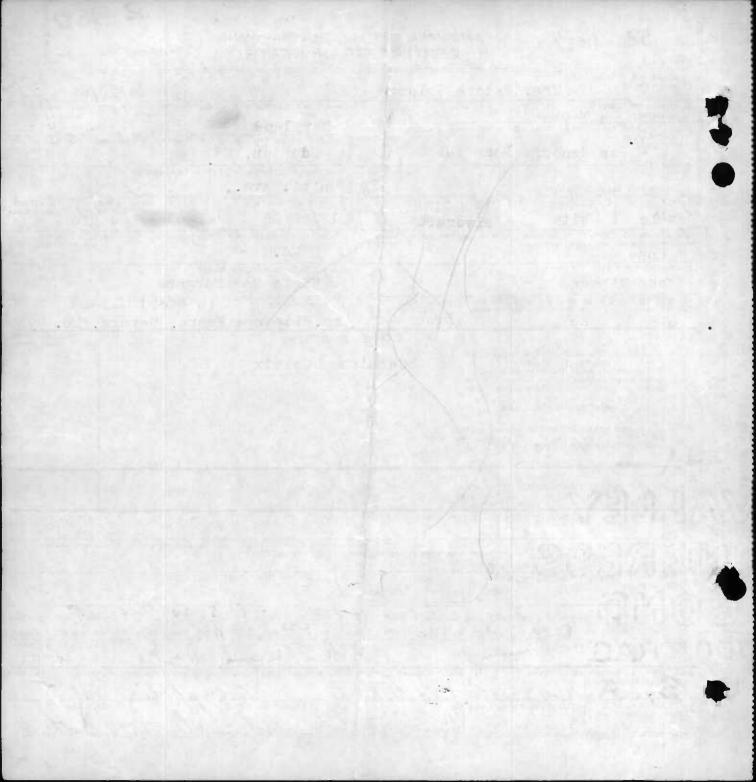


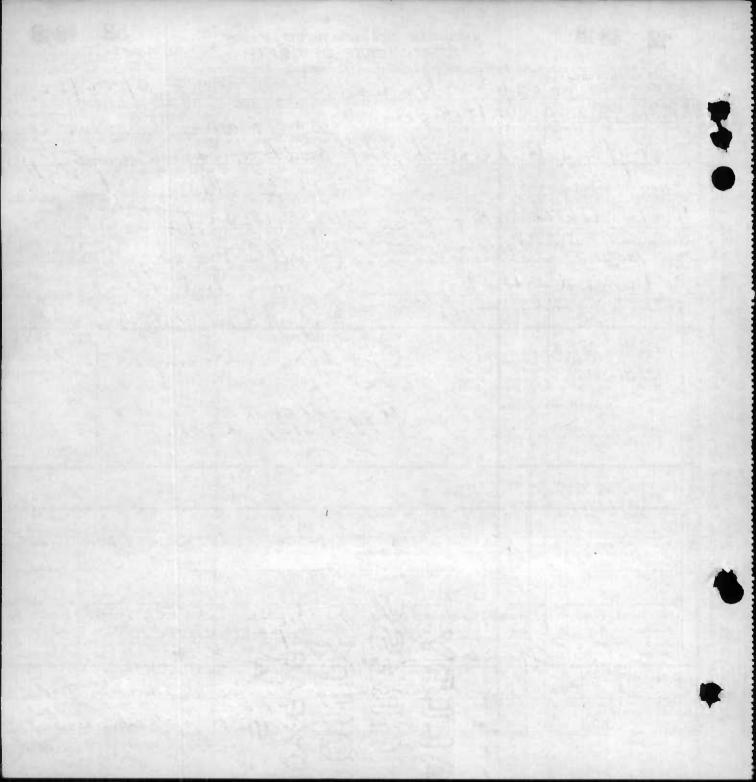
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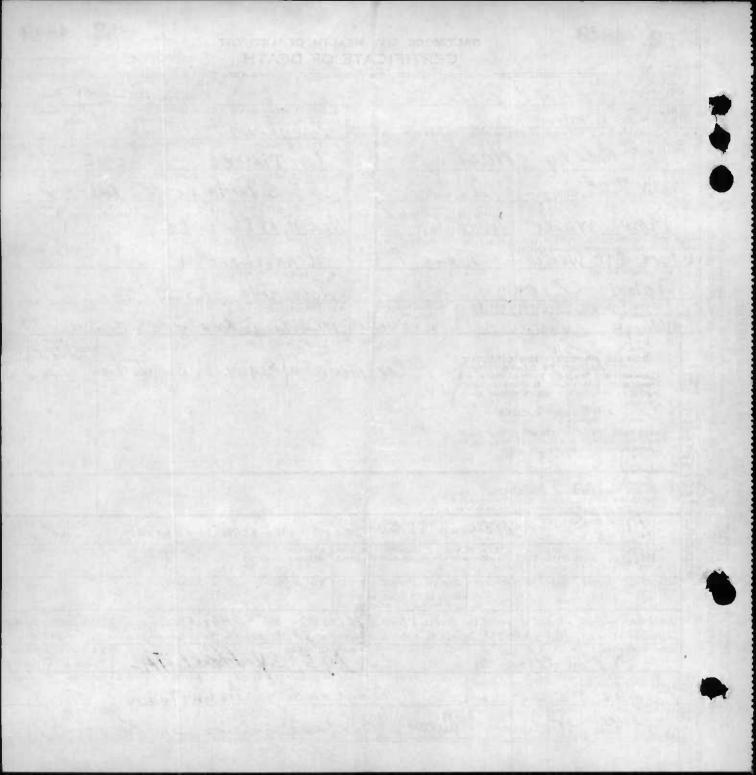
BALTIMORE CITY HEALTH DEPARTMENT

52	ADEM
	4847

p	IRTH NO.			CERTIFICATI	E OF DEATH	Registered	No.
1	NAME OF D	ECEASED				2. DATE	
(Type or Print)	Mrs.	Medors	Goldman		OF DEATH 5/	/20/52
	PLACE OF D				4. USUAL RESIDENCE	(Where deceased lived, I	
	FULL NAME	City, Maryland	al or instituti	ion, give street address or	Maryland	B. COUNTY	before admission)
H	OSPITAL OR			Icention)	C. CITY OR TOWN	(If outside corporate limit	its, write RURAL and give
	3 H B	on Secours	Hospit	tal	Odenton,	Md	township
-				Yrs.	D. STREET ADDRESS	(If rural, give location)	
С	Length of s	tay in Baltimore		Mos. Days	Watts. Ave.	,	200
5	. SEX	6. COLOR OR RACE	7. SINGLE	MARRIED,	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Year If Under 24 Hours
F	emale	White		rced	12/26/08	la 4 hirthday) M	4 24 Hours Min.
10	DA. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF
700	None	or working me, even if retired)		INDUSTRY	Md.		WHAT COUNTRY
1:	B. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
1	John G	ibson			Elsie Mae	Morgan	
1:	S. WAS DECEASE	ED EVER IN U.S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT	(sister)	ADDRESS
	n, no or unknown)	(If yes, give war or date	of service)	None	Mrs.Florence		
-	18. 171	7			OF DEATH	Meene, Dava	INTERVAL BETWEEN
r.	1 / / /	SE OR CONDITION	DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
и		LEADING TO DEAT	TH	Carcin	oma Cervix		
н	heart failu	not mean the mode ore, asthenia, etc. It mea	ns the disease	(A) 2,	***************************************	***************************************	
	injury or	complication which c	aused death.	DUE TO			
		ANTECEDENT CAUS	ES				THE STATE OF THE
0	DISEASES	OR CONDITIONS, I	ANY, GIVIN	(B)		***************************************	
E	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
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با	19A. DATE C	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
OA			1 21n DI A	CE OF INJURY (- Late Wiles Bis	(If to Dold, O'A	YES NO
EDICAL	LYING OF	ENT WAS UNDER-	about home, fo	CE OF INJURY (e. g., in nrm,factory,street,office bldg.,e	or 21c. WHERE DID	(If in Baltimore City,	give exact location)
Σ	CAUSE OF						
	OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F, HOW DID INJU	JRY OCCUR?	
	146		m.	WORK NOT WHILE			
1.	22. I hereb	y certify that I att	ended the	deceased from 4	-8-52, 19, to	5- 20 , 199	that I last saw the
	deceased al	ive on 5 - 20	, 1952.	and that death occur	red at 5 45 m., from		the date stated above
ы	23A. SIGNAT	TURE Me	-4	2	38. ADDRESS	11 1.	23c. DATE SIGNED
-	Lu		1	M. D.	Um Hecon	as thered	3-20-52
	4A. BURIAL, (S	Perify)	0 2	4c. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, town	n, or county) (State)
1/2	Jugia	May 2:	3,1952	Old St. an	us lu	mapolis	me
B	ATE RÉCEIVE		SIGNATU	RE	25 FUNERAL DIRECTO	RALL	ADDRESS
1 7	11AY 2'21	952 Hunting	ston W	Miaus M.P.	for de VI	1/2/0/1913	W Battade
	VS 150	702		3 20 5 4	111	y I I I I	







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52. 4850 BALTIM	ORE CITY HEALTH I	DEPARTMENT	5	2 4850
52 4000 CF	RTIFICATE OF		Registered No)
BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	4.4.3	(0)	OF S	22/12-
3. PLACE OF DEATH:		L RESIDENCE (Whe	DEATH re deceased lived. If is	stitution: residence
A. Baltimore City, Maryland	A. STATI		B. COUNTY	before admission
B. FULL NAME OF (If not in hospital or institution, g	location)	OR TOWN (If ou	MUNE HE	write RURAL and give
INSTITUTION HOSD W	0 + 141 D.	English C	onsul 5	township
The Conversarion of the Co	Yrs. D. STREI		al, give location)	at U V
c. Length of stay in Baltimore	LAVS Days 280	14 TENN	ESSE AVE	- AACO MI
5. SEX 6. COLOR OR RACE 7. SINGLE. MA		OF BIRTH S	AGE (In years #1	nder 1 Year If Under 24 Hours
MW	12-	4-77	74 Mon	ths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF work done during most of working life, even if retired)	BUSINESS OR II. BIRTI	HPLACE (State or forei	gn country)	2. CITIZEN OF
RETIRED CLERK PRINT		ENUSVLVAN	iA	J. S. H.
13. FATHER'S NAME		HER'S MAIDEN NAM	E	
VANIEL MAY		Unkn	own	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. INFO			DRESS
No NoNE	MR. H.	UMPHREY MA	1) Dr. 3461	YARYdeLL Ro
18. 236X	CAUSE OF DEA	тн		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				ONSET AND BEAT
(This does not mean the mode of dying, e.g.,	MEUNIONITI	S AND REN	AL INFECTIO	N 2 WEEKS
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO			
ANTECEDENT CAUSES				
Z DISEASES OR CONDITIONS, IF ANY, GIVING	(B) LEFT	RENAL T	UNIOUR	
RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO			
UNDERLYING CONDITION LAST.	(C)	•••••	********************************	
Ĭ.				
OTHER SIGNIFICANT CONDITIONS CON-				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	•••••••••••••••••••••••••••••••••••••••			
	DINGS OF OPERATION			20. AUTOPSY?
4				YES NO
21A. ACCIDENT WAS UNDER. 21B. PLACE C		WHERE DID (If i	n Baltimore City, gi	ve exact location)
CAUSE OF DEATH				

about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from

S and that death deceased alive on 23A. SIGNATURE

24A. BURTAL, CREMA-TION REMOVAL (Specify) DATE RECEIVED BY

VS 150

LOUDON REGISTRAR'S SIGNATURE

21F, HOW DID INJURY OCCUR?

201952 from the causes and on the date stated above. 24D

BALTIMORE

(State) 0

That I last saw the

23C. PATE SIGNED

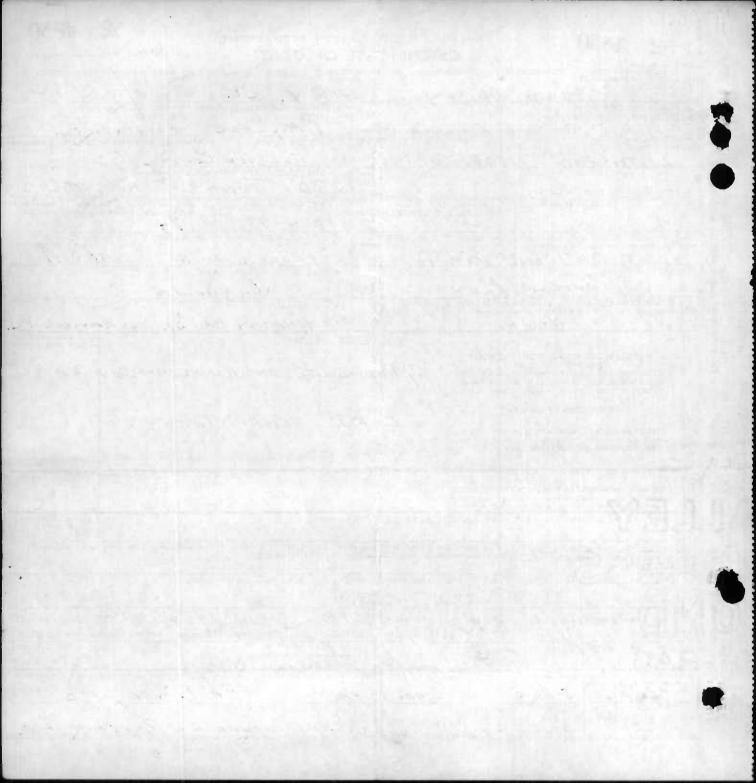
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DIRECTOR

occurred at

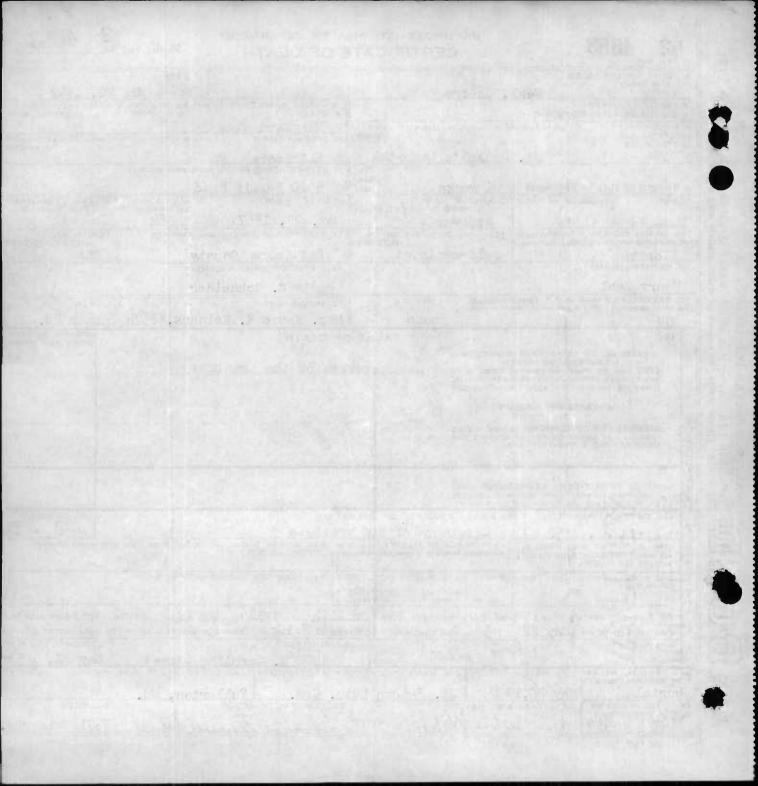
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	Z	10
	July 1	O

H	00	X	
	-0 //052	E OF DEATH Registered No.	4853
1.	NAME OF DECEASED ype or Print) Mehl, George	2. DATE OF DEATH May 22	. 1952
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst	
В.	FULL NAME OF (If not in hospital or institution, give street address o	Maryland Balte	nere
	STITUTION	C. CITT OR TOWN (If butside corporate fimits, w	rite RURAL and give township)
4	St. Joseph's Hospital	Baltimore #6 D. STREET ADDRESS (If rural, give location)	
c.	Length of stay in Baltimore 5 weeks Days	8320 Belair Road	300
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Widower Widower	8. DATE OF BIRTH 9. AGE (In years) I Under	
10	A. USUAL OCCUPATION (Give kind of dome during most of working life, even if retired) 10B. KIND OF BUSINESS OR 1NDUSTR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	Florist Self-employed	Baltimore County	JSA
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1-101-12
	Henry Mehl	Marie K. Schneider	
Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	
-	no none	Mrs. Marie K. Reiners, 8324 Bel	lair Md.
FICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.		
ار	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE		20. AUTOPSY?
EDICA	April 21, 1952 Carcinoma of the 21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atrost, office bidge	in or 21c. WHERE DID (If in Baltimore City, give	exact location)
Σ	CAUSE OF DEATH 210. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE		
	22. I hereby certify that I attended the deceased from Apr	il 14 , 1952, to May 22 , 1952, ti	hat I last saw the
	deceased alive on May 22, 1952, and that death occu	urred at 8:10am., from the causes and on the causes and on the causes	ate stated above.
	1277. Velez M.D.	1h00 N. Caroline Street	May 22, 1952
TIC	NA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET ON REMOVAL (Specify) Ourial May 26,1952 St. Peters Li	ERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR AL	DDRESS
_	VIAY 23 19521 Tuntington Williams, Mit.	Massahr tomeral House 71	Ol BelairRd
	VS 150		



Maunder 1 Year

B. COUNTY before admission)

(If outside corporate limits, write RURAL and give township)

12. CITIZEN OF WHAT COUNTRY?

thereon and from

The Days Hours Min.

If Under 24 Hours

ADDRESS 2631MAISEL INTERVAL BETWEEN

ONSET AND DEATH Hypertensive cardiovascular disease

20. AUTOPSY

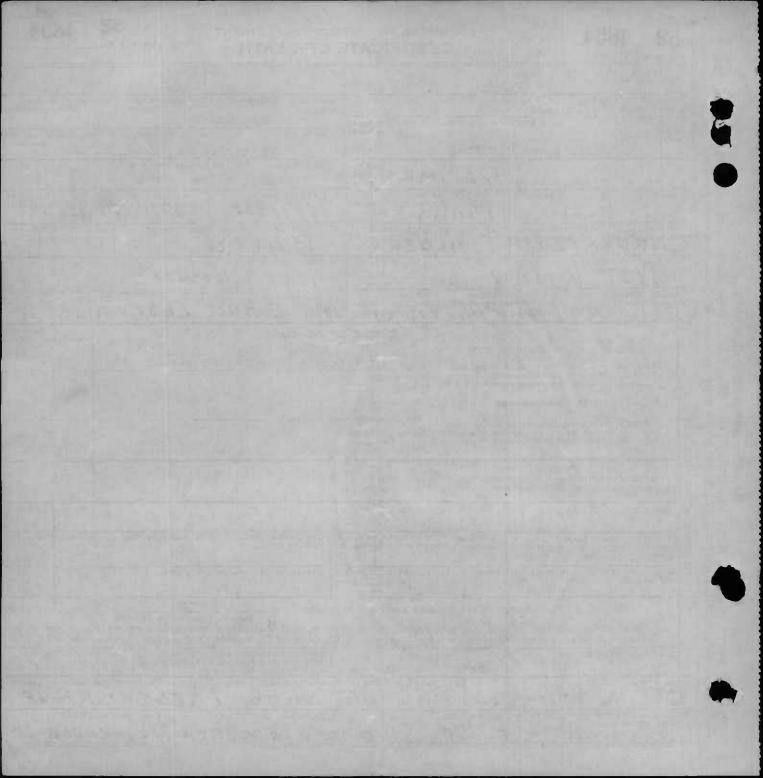
(If in Baltimore City, give exact location)

23c. DATE SIGNED

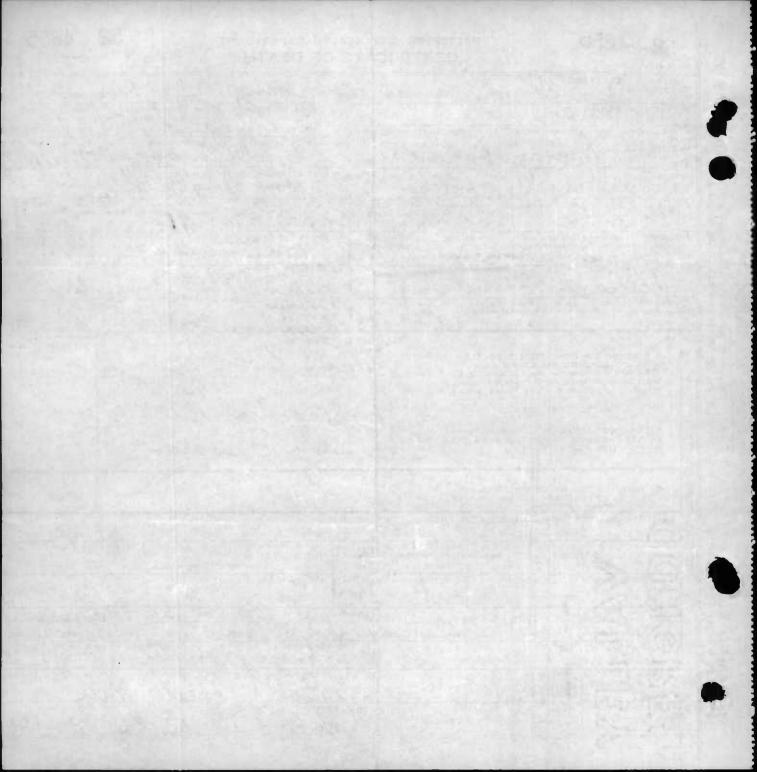
24D. LOCATION (City, town, or county)

NAMURST

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4-1	9	
The	BI	52 4855 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No
d. T	T.	NAME OF DECEASED. Lanes Constrong. 2. DATE OF DEATH May 21 '52
	Α.	PLACE OF DEATH: Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) B. COUNTY before admission)
July .	H	SPITAL OR Mercy Hospital c. CITY OR JOWN (If outside corporate limits, write RURAL and give township)
legi.	c.	Length of stay in Baltimore Life Mos. Days D. STREET ADDRESS (If rural, give location) Location (In rural, give location) Days Days
uld be	5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Reg. 18 DATE OF BIRTH 9. AGE (In years It limits 1 Years Min. Months: Days Hours Min.
on should clearly an	TO WOL	A. USUAL OCCUPATION (Give kiddof) 10B, KIND OF BUSINESS OR II. BIRTHPLACE (Song or foreign country) 12. CITZEN OF WARTE ON NTRY?
G mati leath	13	William armetrong () 14. MOTHER'S MAIDEN NAME Swindell.
of inforuses of c	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SECURITY NO. 216-07-5175 Edua Bell. armstrong 1004 noleside. Am
OR tem		18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY
F 5		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
RESERVED INK. Ever please write	z	ANTECEDENT CAUSES Enyocardial Dis Old
	FICATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)
MAN	CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
WITH U	CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20.(AUTOPSY?
V	MEDIC	21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.) 21b. PLACE OF INJURY (e. g., In or about home, farm, fectory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR?
ally n		21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK
TE PI especi		22. I hereby certify that I attended the deceased from hereby 2/ 1957 to hay 2/, 195, that I last saw the deceased alive on may 2/, 1952, and that death occurred at 2 m., from the fayses and on the date stated above.
WRI se is		23A, SIGNATURE T. Kasek, W. M. D. 23B. ADDRESS Copilal 23C. DATE SIGNED
4	TIC	A. BURIAL, CREMA- 24B. DATE N. REMOVAL (Specify May 24.1/52 Zoudon land Balls Md State)
PLE		CAL REGISTRATE Huntington Williams, M.J. John J. Genfel 5311 Edmondson log
		Vs 150 523.35



52 4856

before admission)

township)

Il Under 1 Year

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

23c. DATE SIGNED

May 22, 1452

LOCAL REGISTBAR

TRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Paul's Cemetery

Leonardtown.

ADDRESS

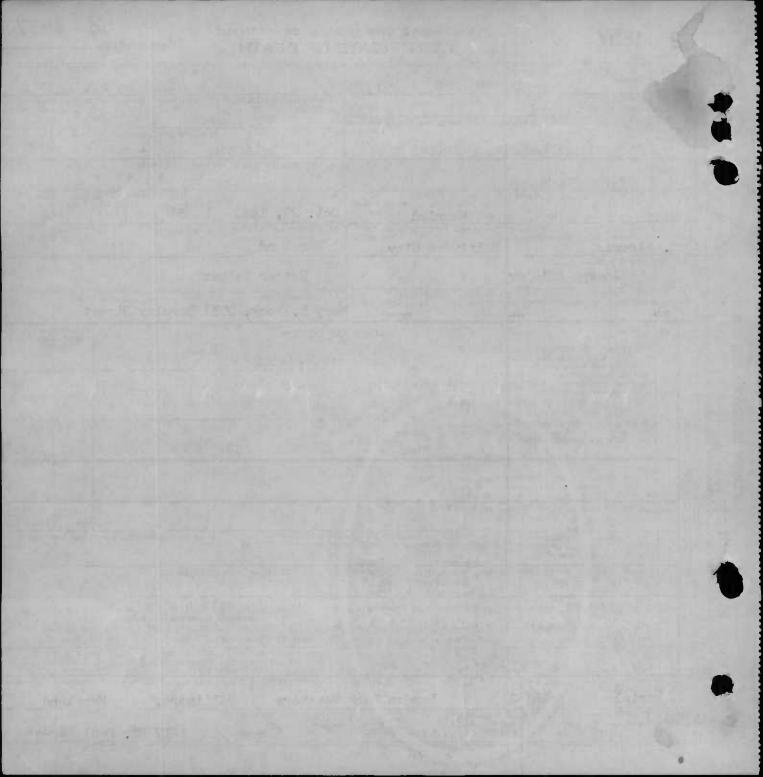
Maryland

1217 St. Paul Street

VS 150

burial

DATE RECEIVED BY

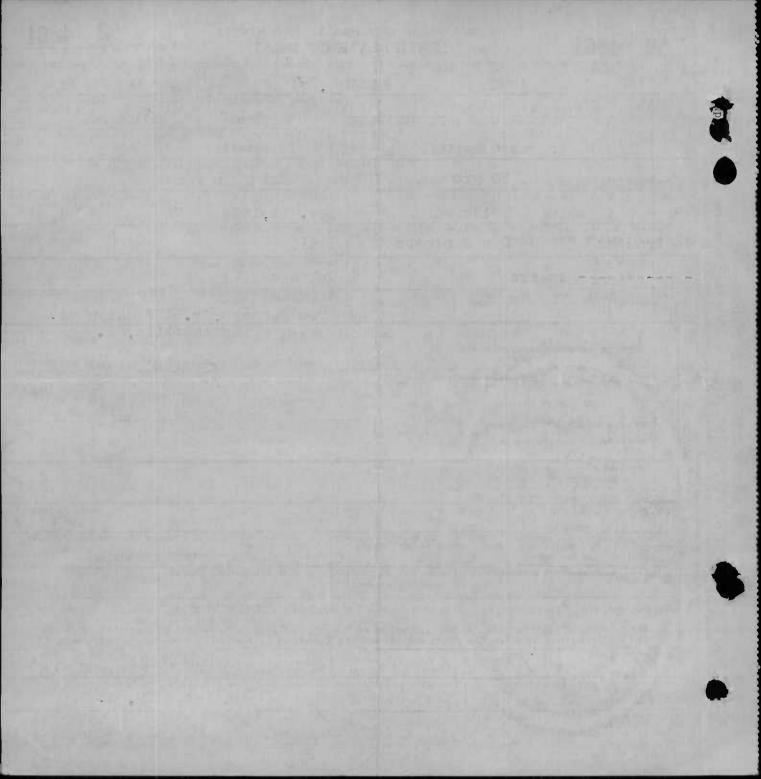


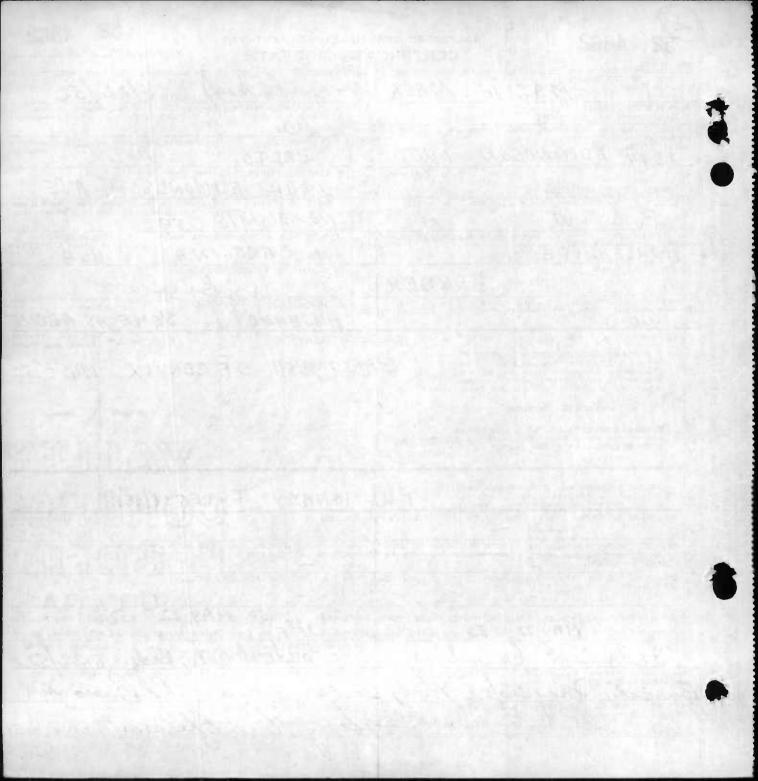
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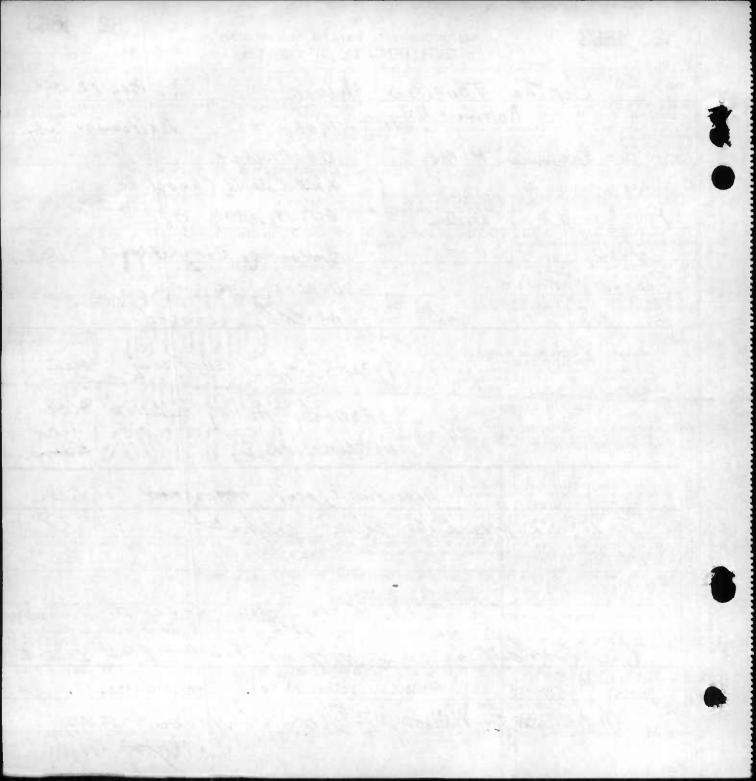
	2) - 4 SIRTH NO.	1861		TIMORE CITY H			Register	52 d No	48	61
	. NAME OF D Type or Print)		IDREW	PESSA	RO Sr/		2. DATE	ay 21,		2
	B. PLACE OF E				4. USUAL RESIDE	ENCE (Who	DEATH	d. If institu	ution: res	
B	FULL NAME HOSPITAL OR NSTITUTION		tal or instituti	on, give street address of location	3/3-		Balt:	imore	te RURA	L and give
		St. Agne	es' Hosp			sville		5301	1	township
		stay in Baltimore	50 yrs	Yrs. Mos. Days		Calyn A)		
	male	6.COLOR OR RACE		. MARRIED. ED. DIVORCED (Specify	NOV. 11,1		9. AGE (In year: last hirthday)	Months	Year If U	Inder 24 Hours urs Min.
· C	oa. USUAL OC	CUPATION (Give kind of working life, even if retired	Own Bu	of BUSINESS OR Siness NDUSTRY	11. BIRTHPLACE (S	State or fore	eign country)		CITIZEN WHAT C	OF OUNTRY
1	3. FATHER'S	NAME Pessaro			14. MOTHER'S MA Unknown	AIDEN NAM	1E			
1	5. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT			ADDRE	SS	
(1	es, no or unknown)	(11 yes, give war of day	es or service)	SECURITY NO.	mdrew Pess		r.5657 (Rd.	
ERTIFICATION	DISEASE RISE TO UNDERL	s not menn the mode ure, asthenia, etc. It me complication which ANTECEDENT CAUSON OF CONDITIONS, THE ABOVE CAUSE (A YING CONDITION LEGISME CONDITION OF TO THE DEATH, BUT SISSASE OR CONDITION DISEASE OR CONDITION	ans the disease caused death. SES IF ANY, GIVIN STATING THAST. SITIONS CON NOT RELATE	(B) (B) GE DUE TO (C)	osclerotic c					
Ü				FINDINGS OF OPER	ATION				20. AUT	OPSY?
IEDICAL	UNDERLYIN UTING (NAL CAUSE WAS IG OR CONTRIB CAUSE OF DEATH	ebout home, fa	CE OF INJURY (e. g., arm, factory, street, office bldg.,	to.) INJURY OCCU	R7	in Baltimore Ci	ty, give e	xact ioca	tion)
Σ	OF INJURY	(Month) (Day) (Year	W	HILE AT NOT WHILE WORK	ED 21F. HOW DID	INJURY	OCCUR7			
	22. I certify that I took charge of the remains described above, held an inspection & inquiry to Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the and death in my opinion resulted from: natural causes 耳 accident □, suicide □, homicide □, under □,						iry the da], undct	y state	$d \ above \ l \ \square$.	
-9	23A. SIGNA	CREMALIZAB DATE	Lucie	4c. NAME OF CEMETE	.D. MEDICAL INVE	EDICAL EX ESTIGATOR	AMINER	May 2	21, 19	952 (State)
B	urial (S	May 24		New Cathedi		1000	more 29	-	Test :	
	ATE RECEIVE OCAL REGIST		tous W	Hiarus M.D.	25. JUNERAL DIR	ECTOR	the 410:		ness	on
	/ S 151	eut .		2902	4	9				



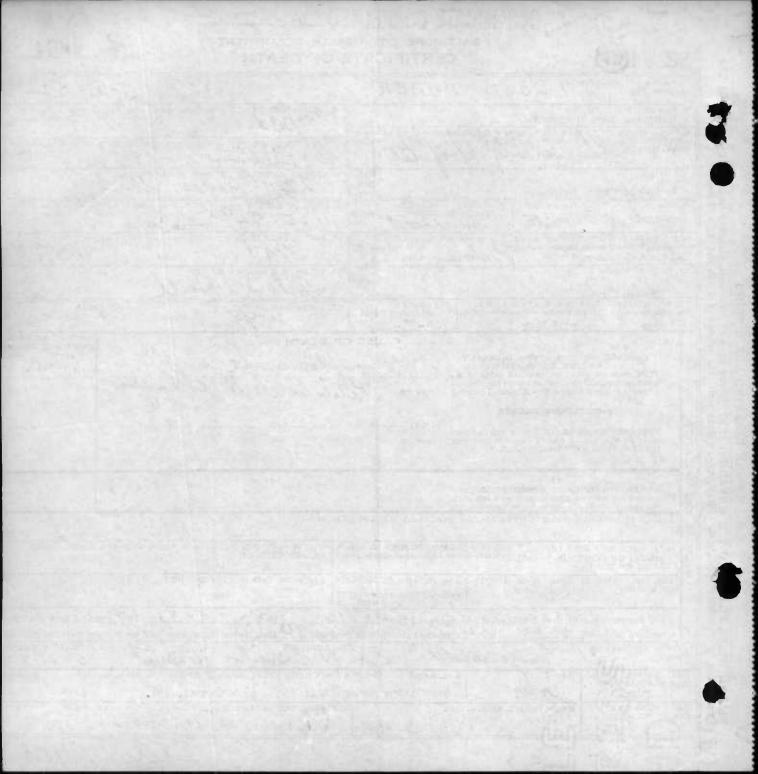


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	52 4863 BALT	TIMORE CITY HEALTH DEPARTMENT					
		CERTIFICATE OF DEATH	Registered No.				
_	NAME OF DECEASED		2. DATE				
T	pe or Print) Bertha Thu	inston Milwen	OF M44 22, 1950				
	Baltimore City, Maryland Br/tomes	4. USUAL RESIDENCE (Wh	ere deceased lived. If institution: resides. B. COUNTY before add				
	FULL NAME OF (If not in hospital or institution		dalfeniste Cipatside corporate limits, write RURAL	di givo			
	STITUTION	us. BAltimore		wnship)			
YG	rap. Bon the wanen of n		ral, give location)				
1	Length of stay in Baltimore	Mos. Days 4300 CVANS C	hapel Rd.				
5.	6. COLOR OR RACE 7. SINGLE. WIDOWE	D. DIVORCED (Specify)	9. AGE (In years Months Days Hour	s Min.			
10.	A. USUAL OCCUPATION (Givekindof 10B. KIND (dooe during most of working life, even if retired)	OF BUSINESS OR 11. BIRTHPLACE (State or fore	ign country) 12. CITIZEN O				
	H.W.	- Baltimore Co	. MERYANE LIS	A			
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	AE .				
	George Price	DANCAS Alban					
Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES?	SECURITY NO. 17 INFORMANT	ADDRESS				
			ZASEC.	ETWEEN			
	18. 420,1	CAUSE OF DEATH	ONSET AND				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Muncandia / 1954	FFICHLY ACUTE				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	(A)		*******			
	injury or complication which caused death.)	DUE TO					
,	ANTECEDENT CAUSES	(CORONANY Anteny	occlusion Acok	•			
5	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	0115 = 0 4 /	yen	1			
2	UNDERLYING CONDITION LAST.	(c) ARTERIOS CLEROS US	For	2			
			- 0				
2	OTHER SIGNIFICANT CONDITIONS CON-	A. I. de dout de	and I do				
3	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	While we was a factor of the		12			
Y L	19A. DATE OF OPERATION 7 19B MAJOR I	FINDINGS OF OPERATION	20. AUTO				
2	21A. ACCIDENT WAS UNDER. 21B. PLAC		in Baltimore City, give exact location	no L			
1 2		m, factory, street, office bldg., etc.) INJURY OCCUR7		1 3			
	21D. TIME (Month) (Day) (Year) (Hour) 2	1E. INJURY OCCURRED 21F. HOW DID INJURY	OCCUR?				
		NOT WHILE					
1	22. I hereby certify that I attended the deceased from 5-15, 1952, to 5-22, 1952; that I last saw the						
1		nd that death occurred at 12 mg, from the	e causes and on the date stated	above.			
	23A. SIGNATURE	23B/ADDRESS / +/-/	JAMES OF MIN 23C. DATE S	IGNED			
1	fully of head &	M.O. Holy In Isole	3-62				
24	N, REMOVAL (Specify)	4c. NAME OF CEMETERY OF CREMATORY 240. LO		(State)			
D.	Burial 5/26/52		aryland Line, Md.				
	TE RECEIVED BY REGISTRAR'S SIGNATUR	lliaus MP V/m. J. Vich	Ques Al Ann				
	MAY 23 346 A	mann, my Wirth J. W.	and I some	-			
	VS 150	(6)	atto. 17 11/4.				
		Var	1				



41-	CERTIFICATE CORRECT	ED 6-3-52	Try m						
The	- 1001	E OF DEATH	Registered No. 48	364					
d.	1. NAME OF DECEASED LLOYD, HUBER		2. DATE OF DEATH 5-21-	52					
E	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address of	A. STATE MA	here deceased lived. If institution B. COUNTY	residence ore admission)					
ully.	HOSPITAL OR University Hospital location		outside corporate limits, write RU	RAL and give township)					
legin	Yrs. Mos. C. Length of stay in Baltimore Days	2311 Air	Ren St.						
information should be	male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify markied)	11/25/76	9. AGE (In years last birthday) Months Days	Hours Min.					
on sho	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) Pullman and Co.	11. BIRTHPLACE (State or for	reign country) 12. CITIZ WHA	EN OF SOLUTRY?					
rmatic	13. FATHER'S NAME SERVICE Ermin Huber	14. MOTHER'S MAIDEN NA	Hull						
of info	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, ao or unkaowa) (If yes, give war or dates of service) SECURITY NO. 705-05-4162								
Every item of i	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	of DEATH mphosarcoma treulum cell	with changes	AL BETWEEN AND DEATH					
DING INK.	ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. U L (C)								
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
H .	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. / YES	AUTOPSY?					
WITH Important.	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		f in Baltimore City, give exact	location)					
100	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY WHILE AT WORK AT WORK AT WORK		OCCUR?						
TE PLA especially	22. I hereby certify that I attended the deceased from 5 deceased alive on 5-21, 1952, and that death occu	16 1957, to pried at 8 15 Am., from th	5- 21, 1957 that I in the causes and on the date st	ast saw the					
WRITE ge is esp	Zangenfelder M.D.	(niversity	Hospital 23c. DA	TE SIGNED - 2/-52					
A. C.	24a. BURIAL, CREMA- TION, REMOVAL (Specify) Burial 5/24/32 Woodlawn Mau	soleum Woodl	CATION (City, town, or county)	(State)					
PLE	DATE RECEIVED BY REGISTRAR'S SIGNATURE MAY 23 1959 Huntington Williams My	25. BUNERAL DIRECTOR	Tickener 4 Sa	us					
	VS 150 4903	0	Salto 17,	md.					

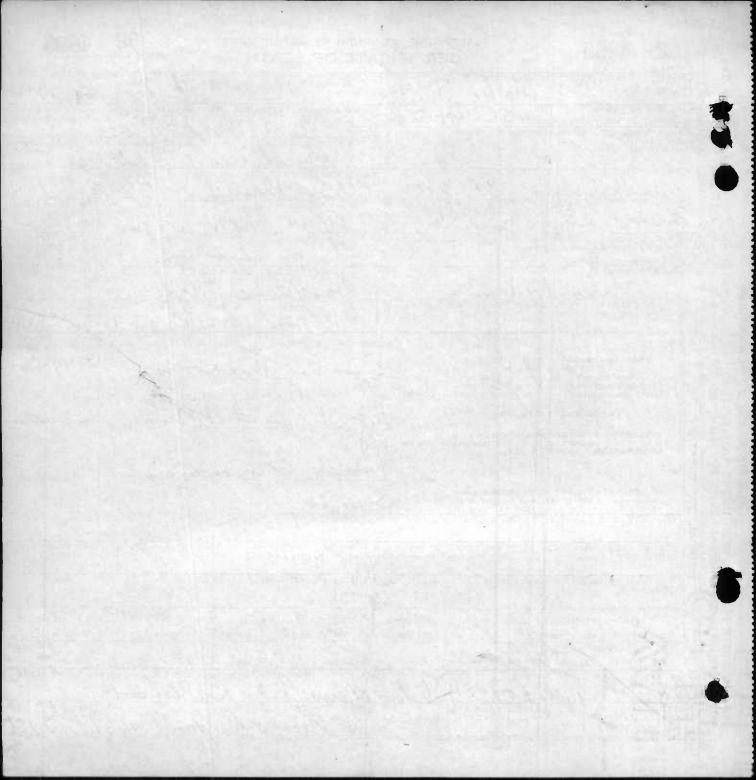


4865 BIRTH NO. UNFADING INK. Every item of information should be ully raided. Physicians: please write the causes of death clearly and legraly. MARGIN RESERVED FOR BINDING PLE SE WRITE PL. , WITH corr, age is especially Aportant.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4865

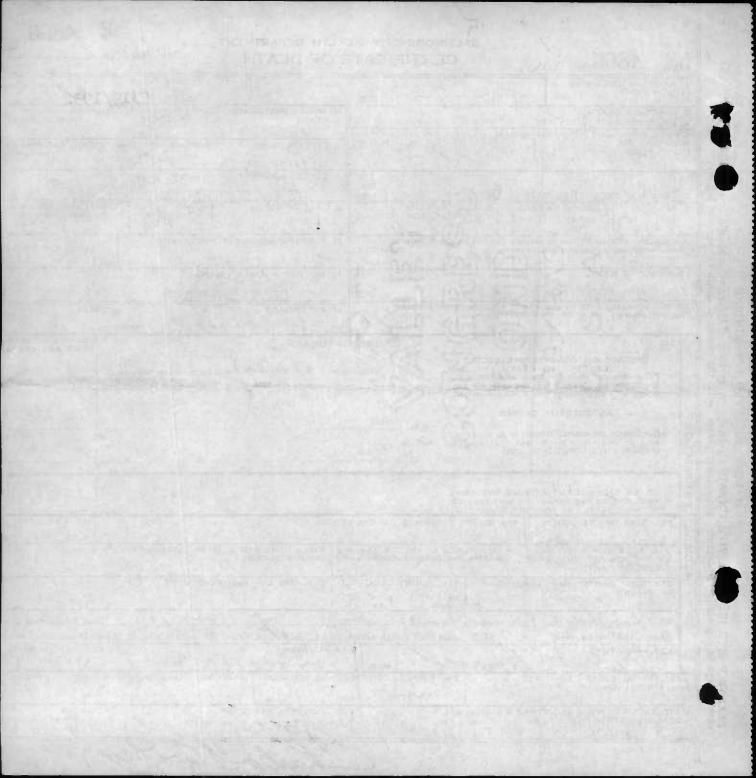
1.	NAME OF DECEASED Mattie Smith		ATH May 20, 902
A.	PLACE OF DEATH: Baltimore City, Maryland 2-361 Drux five FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where dec	
H	STITUTION (If not in nospital of institution, give street address of opening of the control of t		corporate limits, write RURAL and give
	90	Daltemore	/3-03 township)
	Length of stay in Baltimore 3. 4. Yrs. Mos. Days	D. STREET ADDRESS (If rural, gi	ve location)
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AG	E (In years H Under Year H Under 24 Hours
	Tempe Col WIDOWED DIVORGED (Specify	april 4/1898	t hirthday) Months Days Hours Min.
	A. USUAL OCCUPATION (diverkind of done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or foreign ed	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Mary Barnes	Jusephine Et	
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	7. INFORMANT	ADDRESS
	geomit in	m. Trank. Brukh	25th June 1366.
	18. 42011 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ourse Thombo	ris 5-19-52
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES	- 1 . went !)
ON	DISEASES OR CONDITIONS, IF ANY, GIVING	Determent and	Carrie Countille
AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
FIG	(c)	erole Chrisales	RISC
F	OTHER SIGNIFICANT CONDITIONS CON-		
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	aret	
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about bome, farm, factory, atreet, office bldg.		ltimore City, give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	RED 21F. HOW DID INJURY OCCU	JR?
	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		
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	deceased alive on 36, 19 and that death occu		ses and on the date stated above.
	27 SIGNATURE Higgins M.D.	23B. ADDRESS Low	JANN STORY
2 TI	M. REMOVAL (Spring)	PART OR CREMATORY 246. LOCATIO	ON (City, town, or foundy) (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
N	DCAL REGISTRAR () unlington Villalles M	1- Brooked Kunga	old 1463 M. Caren St
1	VS 150		



BALTIMORE CITY HEALTH DEPARTMENT

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52 BIRTH	48E	36		CERTIFICAT	E OF DEAT	H Reg	sistered N	
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A. Balt	imore C	ity, Maryland			A. STATE	B. C(DUNTY	before admission)
B. FULL HOSPIT		OF (If not in hospit	al or institut	ion, give street address or URSING location)	MARYLAN			1 777777 4 7 1 1
INSTIT	UTION T	HOLE, ELOT C	OLDSP	RING LANE	c. CITY OR TOWN	(II outside eori	orate limits	, write RURAL and give township)
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			4.	Yrs. Mos.	D. STREET ADDRE	SS (If rural, give l	beation)	
c. Leng		ay in Baltimore	Obvr.		307 11.	CENTRAL A		
3. SEX		b. COLOR OR RACE	WIDOW	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (I	thday) Mor	Under I Year If Under 24 Hours nths: Days Hours Min.
7.5		C	1	• •	7/21/1889			
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13. FAT	HER'S N	AME		634977	14. MOTHER'S MA	IDEN NAMÉ		
	HOWA	RD JONES			CTAE	A JONES		
15. WAS	DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		AI	DDRESS
I es, no or	unknown)	(If yes, give war or date	or service)	SECURITY NO. 220-02-2050		77 5 W		
18.	11 -	^			PACHARI, WI	marinv=3n7	i C.B. II.	INTERVAL BETWEEN
10.	400	10 1		CAUSE	OF DEATH			ONSET AND DEATH
19.8		E OR CONDITION LEADING TO DEAT	H	Lean	lied (e	11.		
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Q LYI		CONTRIBUTING		farm, factory, street, office bidg.,			ore City, g	ive exact location)
210.	TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
OF I	INJURY			WHILE AT NOT WHILE				
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22.	I hereby	certify that I att	ended the	deceased from ke	718 195		7, 19	, that I last saw th
dece	eased at	ive on my 14	, 195	and that death occur				
23A	. SIGNAT	On the	S A le -	01	38. ADDRESS	. 00 a.		23C. DATE SIGNED
241	JUDIO C	John L. 1	augus	M.D.	7.00 9.17	acen -	Citato Annua	7/0-/2
TION, RE	URIAL C		0	24¢. NAME OF CEMETE	RICKEMATORY	24b. LOCATION (City, town,	or county) (State)
	AT.	5/23/52		WESTERN STA	R	BALTO, CO	YTHUC	MD.
LOCAL	REGISTE	BY REGISTRAR	SIGNATL	IRE	25. FUNERAL DIR			ADDRESS
MAY		52 Munting	low W	Miscus M.P.	CHARITS G	COOPER-	512 CA	BEOLFILON V
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					- MARKE	0	/	



before admission)

(If rural, give location)

ti Under 1 Year last birthday) | Months; Days | Hours | Min.

> 12. CITIZEN OF WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

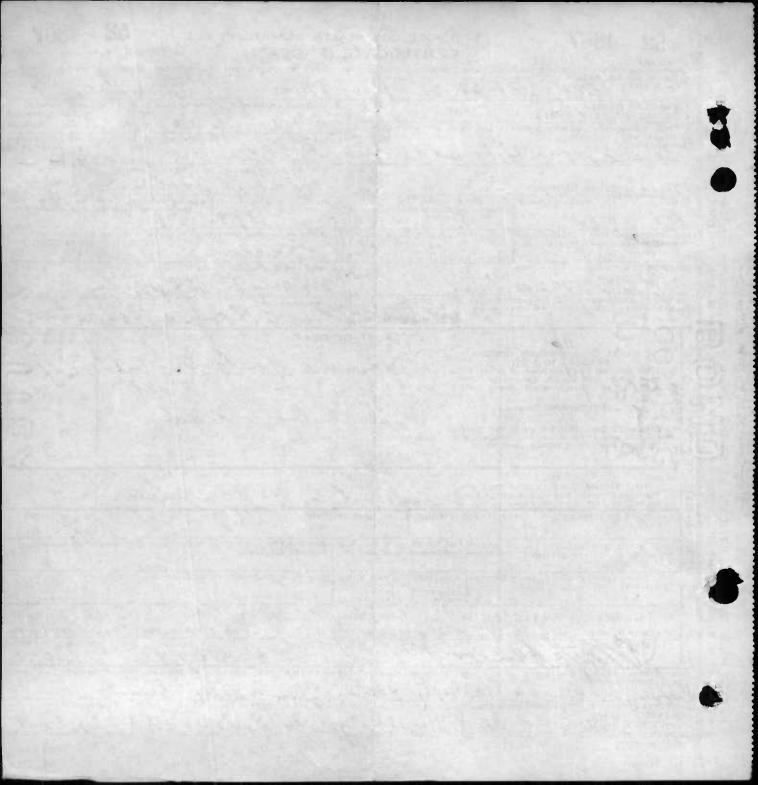
NO

(If in Baltimore City, give exact location)

. 19 that I last saw the decresed alive on Man 29, 19 52 and that death occurred at 10 Am., from the courses and on the date stated above. 23c. DATE SIGNED

240. LOCATION (City, town, or county)

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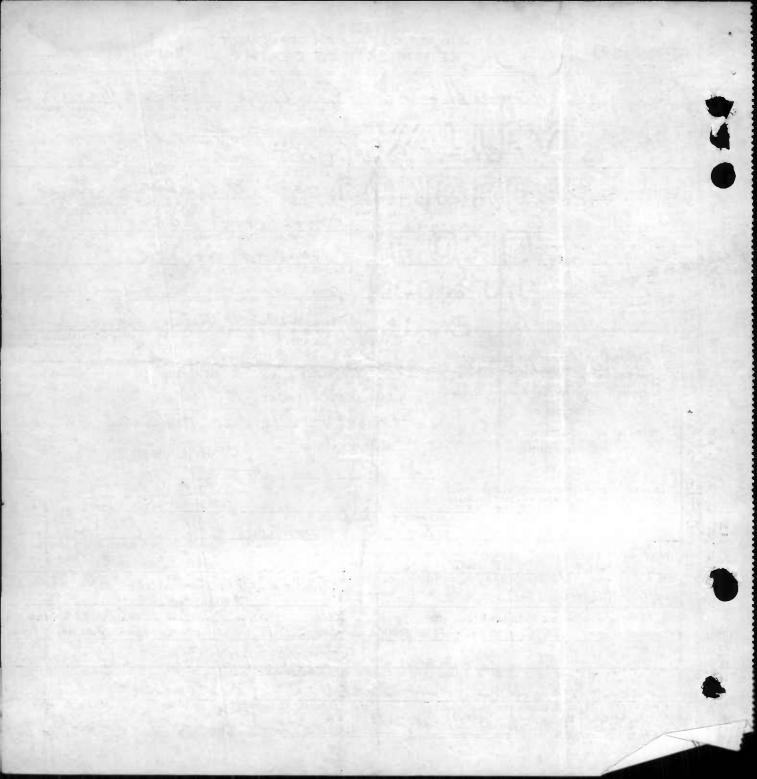


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MARGIN RESERVED FOR BINDING	I'H UNFADING INK. Every item of information should be c	Physicians:
	H	نب

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52 4868		E OF DEATH	Registered No.	OUUL
BIRTH NO.				
1. NAME OF DECEASED (Type or Print)	ly & Walter	Δ	2. DATE OM OUR DEATH	1 21/1/936
a. Baltimore City, Maryland	22 Hunova M	4. USUAL RESIDENCE (W	here decensed lived. If ind B. COUNTY	titution (residence before admission)
B. FULL NAME OF (If not in hospital HOSPITAL OR INSTITUTION	al or institution, give street address or location		outside corporate limits, w	rite RURAL and give
0.0	Yrs.	D. STREET ADDRESS (If	rural, give location)	-01
c. Length of stay in Baltimore	35 yro Mos. Days		roon st	
Hemale White	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years li Und last birthday) Month	s Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	HOB. KIND OF BUSINESS OR INDUSTRY	MASCH State or fo	reign country) 12	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	,	14. MOTHER'S MAIDEN NA	AME/	
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(Yes, no or unknown) (If yes, give war or detes	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT DO	(The C22	RESS
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21a. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bidg.		f In Baltimore City, give	exact location)
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deccased alive on 5-2/	, 1952, and that death och			
23A. SIGNATURE		23B. ADDRESS		5-22. JZ
24A. BUHIAL, CREMA- TION REMOVAL (Specify)	24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LO	OCATION (City, town, or 1, Q. Lo	
DATE RECEIVED BY REGISTRAR'S	S SIGNATURE,	25. FUNERAL DIRECTOR		DDRESS
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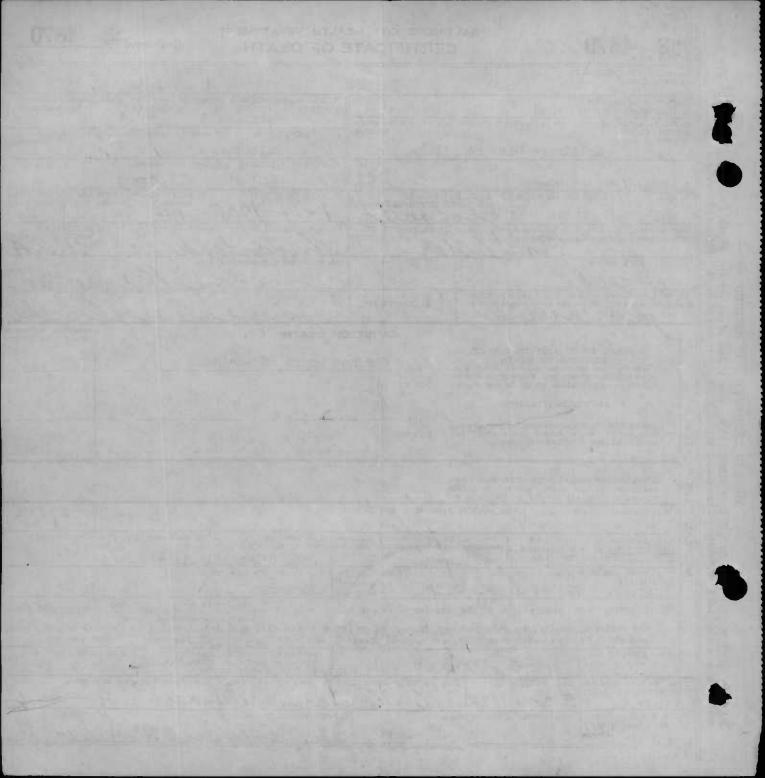
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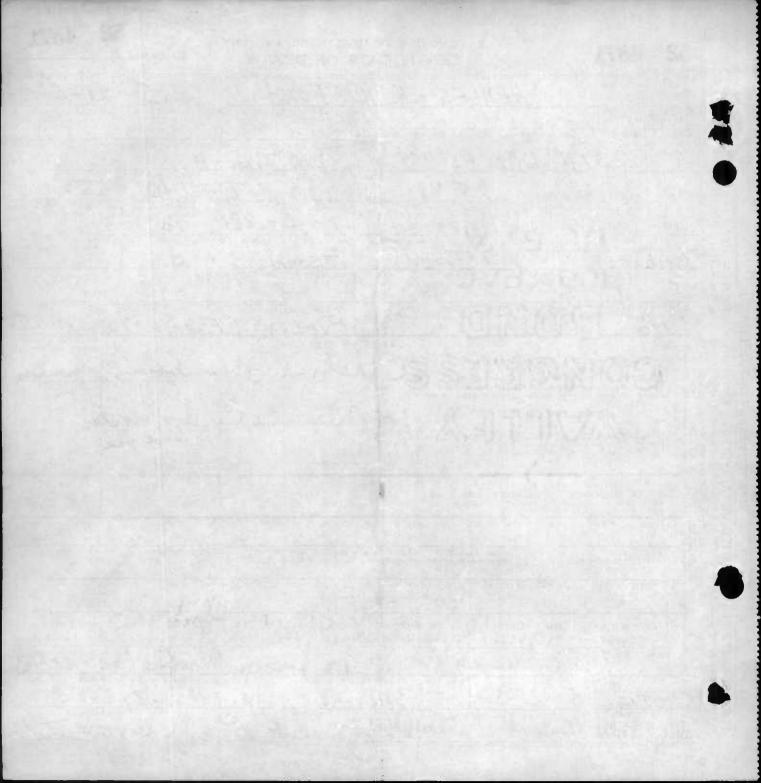
BALTIMORE CITY HEALTH DEPARTMENT

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Registered No.	4070

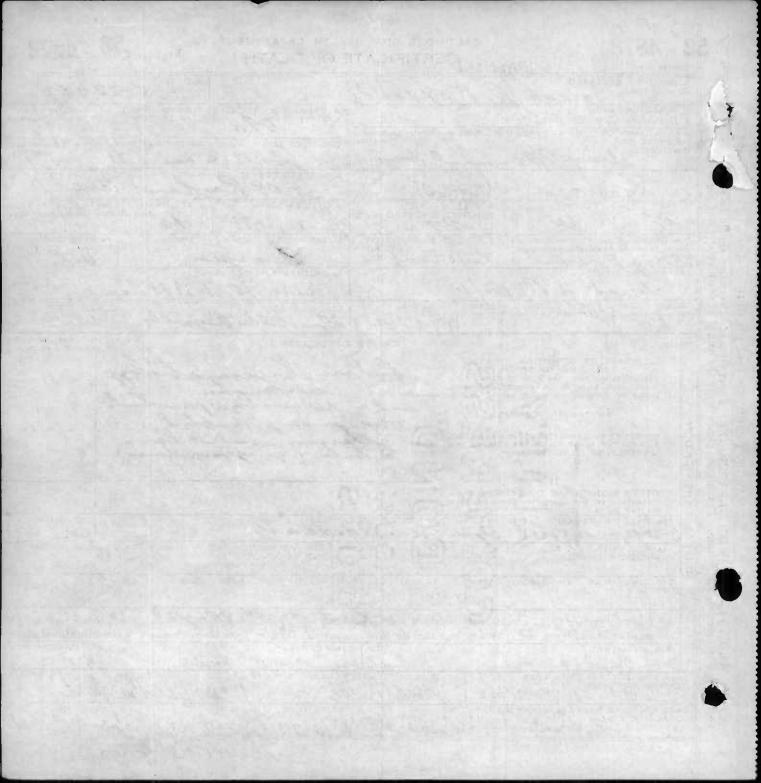
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The		NAME OF E		SEPH	D!	ERENCZ		2. DATE OF DEATH ME	ay 21, 1952
ed.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Baltimore City Hospitals						A. STATE	(Where deceased live	d. If institution: residence before admission)
							Marylan c. city or town Baltimo	(If outside corporate	limits, write RURAL and give township)
oly.	-	4	Dai Ginore C	203 1105	ha ocara	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location	
callegil		Length of	stay in Baltimore	17 SIMPSIF	. MARRIED.	Days	2840 0°	Donnell Stre	
d be cana and legibly.	0.	Male	White	WIGOW	ED, DIVORGE	(Speckty)	4-14-190	8 last birthday	Months Days Hours Min.
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	Σ	of injury			2 IE. INJURY	NOT WHILE		URY OCCUR?	
FE PLANES PER							bove, held an Inspe	ction & Inqu	iry thereon and from
		the er and d	ridence obtained by eath in my opinion	said Auto	psy, Inspect	tion or In		l deceased died o	n the day stated above,
E WRI		23A, SIQNA		med X	<u></u>		238. CHIEF MEDICA ASSISTANT MEDICA D. MEDICAL INVESTIG	AL EXAMINER	May 22, 1952
PLF SE corr ag	TIS	4A. BURIAL, ON, REMOVAL (BULLA) ATE RECEIVE	Specify) 5-26	-1952 's SIGNATU	St.x			undalk	ave. Md.
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	V	S 151	1803,4		750	6 M			1



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The		52 4871 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No	4871
T		NAME OF DECEASED OHARLES H. OFFORD 2. DATE OF DEATH 5-2	1-52
	Α.	PLACE OF DEATH: Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If instit	ution: residence before admission)
Ily.	HC	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR NSTITUTION 237 N. DA//A5 (4 BD//MBR)	te RURAL and give township
ca	c.	Length of stay in Baltimore 25 YR5 Mos. Days 237 N. DALLAS	7.
and be		M. G. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 7-4-1881 9. AGE (In years last birthday) Months	
n should clearly a	10 work		CITIZEN OF WHAT COUNTRY?
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WRITE ge is esp		230 SIGNATURE (Juny) M. O. 12 rn h. Coroline of 3	C. DATE SIGNED
F- 500	Z. Tl	14a. BURIAL, CREMA- 10b. REMOVAL (Specify) 15 URIAL 15 - 25 - 52 MT. PALVERY 15 URIAL 16 COUNTY 17 PALVERY 18 PALVERY 19	M d (State)
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		Vs 150 9 7 0 9 9	



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, j		NAME OF D	Joseph	R. 1	Reynola	ls .	2. DATE OF DEATH	5-23	-52
on should be conally clearly and legiony.	A.	Baltimore (City, Maryland	pital or instit	ution, give street addres	A. STATE		lived, If institu	ution: residence before admission)
	H	SPITAL OR	Union M.	emm	ind Hoys.		(If outside corporation one	limits, write	te RURAL and give township)
	c.	Length of s	tay in Baltimore	60	Hears! M.		Frural, give loca	I a	ROLAND
	5.	SEX	6. COLOR OR RAC	7. SING	E, MARRIED, WED, DIVORCED (Spe	(cify) 8. DATE OF BIRTH	9. AGE (In y last birthe		Year If Under 24 Hours Days Hours Min.
NDING information should of death clearly ar	1C worl	A. USUAL OC	CUPATION (Give kin of working life, even if retir	lof 10B. KIN	ND OF BUSINESS OR		e or foreign country)		WHAT COUNTRY
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R BINDIN em of infor causes of d		WAS DECEAS	ED EVER IN U.S. ARI		16. SOCIAL SECURITY NO 7/7-07-695	17. INFORMANT	Reynold	ADDRE	SS
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htt.	CAL	3-20-57;	F OPERATION /	als	R FINDINGS OF O	of deall			20. AUTOPSY?
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A ally im	-	21D. TIME OF INJURY	(Month) (Day) (Ye	ar) (Hour) m.	WHILE AT NOT WE WORK AT WO	HILE	JURY OCCUR?		
SE WRITE PL.	3	22. I herel deceased a	live on May 2.	ttended th	e deceased from 2 and that death oc	238. ADDRESS	oMay 2.2 om the causes an	ed on the da	at I last saw the stated above
WR ge is	2		ude 6. 6	Parish	M. D.	Union Memorial	Hospital	5	5/23/52
	TI	DWILL	Specify) May 2	1-1952	Dried 1	idge /.	isesville.	Maryla	and,
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		VS 150		Q ,	523	50 Hora	ce F. Bur	gee.	

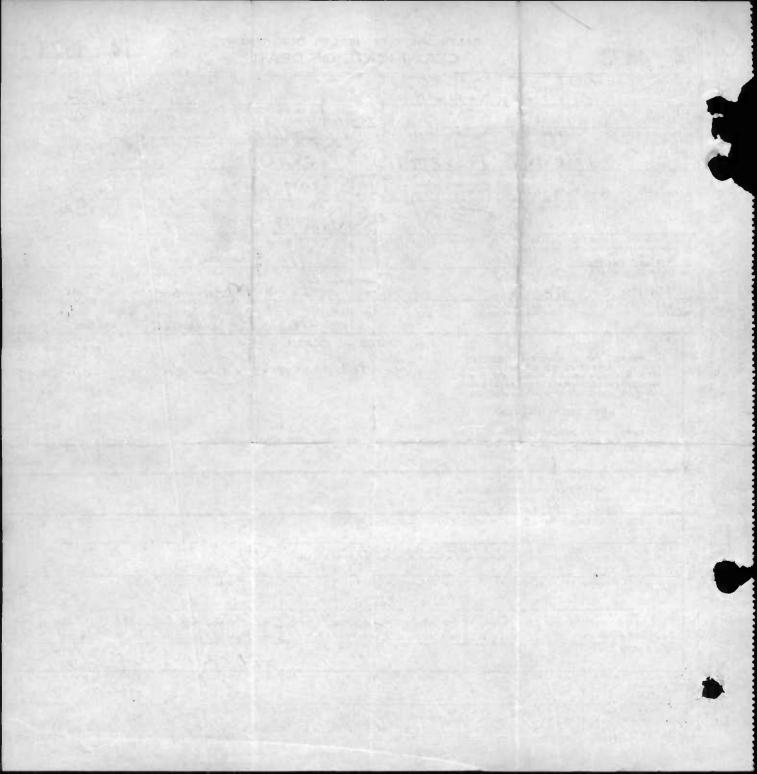


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4873

	1. I (Ty	NAME OF DEpe or Print)		RY G	ALVIIY		2. DATE OF DEATH 5	21/52
4		PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission)		
	B. F	TULL NAME O		ital or institut	tion, give street address or location)			11
		STITUTION	Mean	, 11		C. CITY OR TOWN	(If outside corporate limit	ts write RURAL and give township)
	_3	7	MERC	7 1-1	OSPITAN	D. STREET ADDRESS	(If warmed give logation)	
	c.]	Length of sta	y in Baltimore		50 Yrs. Mos. Days	307 not	Quey	Market Marine
		EX (-	COLOR OR RACI		MARRIED, VED DIVORCED (Specify)	8. DATE OF BIRTH	last birthday) M	ff Under 1 Year on the Days Hours Min.
			UPATION (Glvekinder Working life, even if retire		O OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
		housewi					exad	
	13.	FATHER'S NA	. 1.	/		14. MOTHER'S MAIDE	1.	
	15.	WAS DECEASED	EVER IN U. S. ARM	FORCES?	16. SOCIAL	17. INFORMANT	INNION	Conce
	(Yes,	no or anknown)	EVER IN U. S. ARM (1f yes, give war or da	tes of service)	SECURITY NO.	Dr. Hotald (Halvin 3228	Sulloll Road
- '		18. 42	41.		CAUSE	OF DEATH		THYERVAL BETWEEN
			OR CONDITION		1 1	C 1 .	[ONSET AND DEATH
		(This does 1	LEADING TO DE, not mean the mode , asthenia, etc. It me	of dying, e.	B. (A) ACATE	. Congestive i	AINURE	Halap
		injury or c	omplication which	caused death	.) DUE TO			
		A	NTECEDENT CAL	ISES				
1	NO		OR CONDITIONS,					*********
	F		E ABOVE CAUSE (A NG CONDITION :					
	0				(C)	***************************************		
	ERTIFICATION	TRIBUTING '	II GNIFICANT CONE TO THE DEATH, BUT EASE OR CONDITIO	NOT RELATE	ŁD .			
	0		OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
	AL							YES NO
	EDICA		NT WAS UNDER- CONTRIBUTING EATH		ACE OF INJURY (e. g., i farm, factory, street, office hidg.,		(If in Baltimore City,	give exact location)
	2	21D. TIME (M	Ionth) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN.	JURY OCCUR?	
		OI MOOK!		m.	WHILE AT WORK AT WORK		/	
		22. I hereby	certify that I a	ttended the	deceased from 2	17 ,1914, to	5/2/ ,195	Lihat I last saw the
	_			_, 1951,	and that death occur		m the causes and on t	
		23A, SIGNATU	JRE /	6.44-4-	M. D.	3B. ADDRESS	5200.	23C. DATE/SIGNED
	24/	A. BURIAL, CF	EMA 248. DATE	ame	24c. NAME OF CEMETE	RY OR CREMATORY 24	D. OCATION (City, town	, or county)/ (State)
1	TIOI	REMOVAL (Sp. Burial	5/24/	52	New Cathedral	/	Baltimore, Md.	
		TE RECEIVED		R'S SIGNAT	URE	25. FUNERAL DIRECT		ADDRESS
	_11	AV 0.2.10	52 Turte	nglon /	Villacus M.F.	Ras W. Mears	my Don 80 5 M. 1	Dalver Dr.
	111	VS 150	32	0				



W1623 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE. (Type or Print) OF May 19, 1952 Willie B. Wright 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A Baltimore City, Maryland Balto. A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or B. COUNTY Maryland HOSPITAL OR INSTITUTION Baltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits, vr. Baltimore 4940 Eastern Ave. Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Baltimore City Jail Days on should be 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | | Under | 24 Hours | last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) Aug. 11, 1894 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY information s Laborer Ala. General 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Browner. BINDING Willie Wright 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. causes Records: B. C. H. 4940 Eastern Ave. No item 18. CAUSE OF DEATH FOR Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Low Salt Syndrome (This does not mean the mode of dying, e.g., RESERVED heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ... L 11 OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ш 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION important. 4 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ā LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE! PI , 152 to 5-19-52 22. I hereby certify that I attended the deceased from 2-22-_, 19___, that I last saw the 1952, and that death occurred at. deceased alive on -19m., from the causes and on the date stated above. 23A, SIGNATURE 23B. ADDRESS 4940 Eastern Ave. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town or covilty) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

before admission)

te RURAL and give

12. CITIZEN OF

U.S.A.

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED 5-20-52

township)

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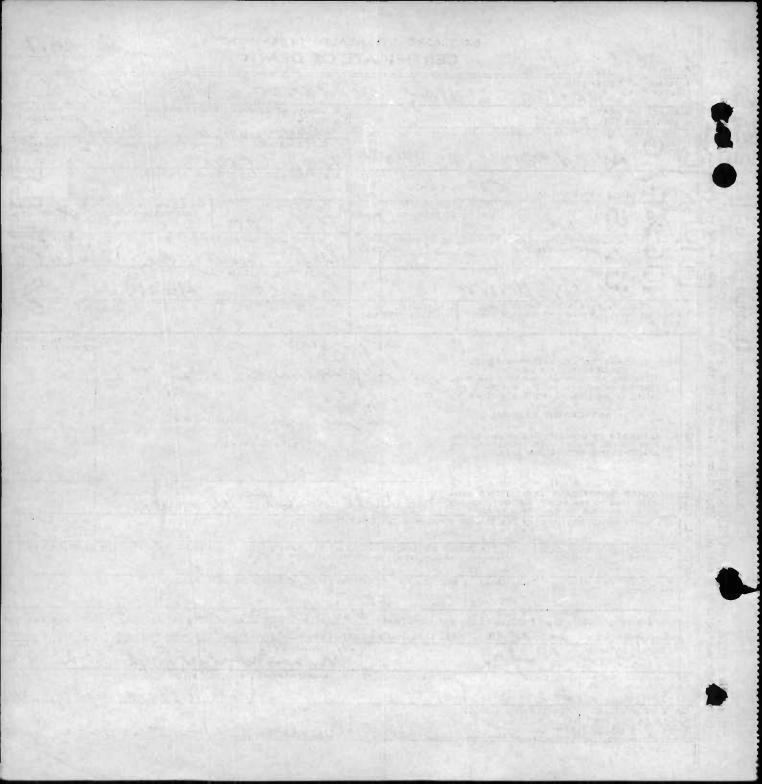
STATE OF THE R Colored without the A PROPERTY OF THE STREET

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION JOHNS HOPKINS HOSPITAL 111 Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In yea Under 1 Year If Under 24 Hours WIDOWED, DIVORCED (Specify last birthday) Months: Days Hours : Min. should -10-1919 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information Lousewis G 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME 5. WAS DECEASED EVER IN U.S. ARMED FORCES? Year no od nohoown) (If yes, give war or dates of service) of 16. SOCIAL ADDRESS (Yes no or uokoown) SECURITY NO. HOPKINS causes HOSPITAL 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF PERATION 20. AUTOPS EDICA 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WRITE PLA WHILE AT NOT WHILE! AT WORK 22. I hereby certify that I attended the deceased from 4-5 - 200, 19 That I last saw the m., from the causes and on the date stated above. 20- 1957 and that death occurred ag: 55 deceased alive on 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED age 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 5/24/1952 Burial Cem. Arburn Baltimore DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Robert DEATH 5/20/1952 Thompson 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City A. STATE B. COUNTY before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN (If outside corporate limits write RURAL and give INSTITUTION township) 804 North Spring Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 40 804 North Spring Street Days information should be of death clearly and I 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days | Hours Min. Male Col. Sept-19-1877 Single IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY Carptner
13. FATHER'S NAME St Marys Co. Md. .S.A Around Jobs Unkown Unkown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Frances Johnson 802 N. Spring 334X INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: 1 (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED CE TO THE DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 19 5 that I last saw the 22. I hereby certify that I attended the deceased from_ 1952, and that death occurred at 3: 45 deceased alive on 6 /2-0 m., from the causes and on the date stated above. 23A, SIGNATURE 23c. DATE SIGNED 24A. BURÍAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY Burial 25 FUNERAL DIRECT REGISTRAR'S SIGNATURE DATE RECEIVED BY VS 150

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I	A NAME OF F	5

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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E	BIRTH NO.	RTH NO.							
	NAME OF Days or Print)		VICTOR	PARSONS		2. DATE OF DEATH MAY	22, 1952		
11/	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or				4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before dimission				
i	S. FULL NAME HOSPITAL OR NSTITUTION Wyman Pk	US Public H		Service location)	c. CITY OR TOWN (If outside corporate limit), write Will and give township)				
3			Solee	Yrs. Mos.	D. STREET ADDRESS (If rural, give location) 3047 Strickland Street				
	. Liength of : 5. SEX	stay in Baltimore	7. SINGLE	Days Days	8. DATE OF BIRTH	Lo see de seel	M Hadas I Van I I Hadas 24 Hams		
	M	W	WIDOW	PED, DIVORCED (Specify)	4/9/95	21	onths Days Hours Min.		
S WE		ccupation (Give kind of of working life, even If retired) worker	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	USA USA		
	3. FATHER'S	orge A. Parso	ns		Charlotte Bu				
0	is. WAS DECEAS	(If yes, give war or date) W2-USN	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records- US PHS	Hospital, B	alto, Md.		
DTIELCATION	(This doe heart fail injury or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Carcinoma left lung with widespread metastatic lesions. (B) (B)							
1000	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
1	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., sto.) CAUSE OF DEATH 21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., sto.) CAUSE OF DEATH 21b. TIME (Month) (Day) (Year) (Hour) OF INJURY MILE AT WORK 19B. MAJOR FINDINGS OF OPERATION 21c. WHERE DID INJURY OCCUR? 21c. WHERE DID INJURY OCCUR?						20. AUTOPSY7		
							give exact location)		
	22. I here	by certify that I att	ended the	deceased from	May 19 1952 to M red at 7:10P m., from	the causes and on t			
2	D. W. Patrick, Medical Officer in Charge US PHS Hospital, Balto, Md.						5/23/52		
Que 1	BURIAL.	Syccify) 248. DATE		249. NAME OF CEMETE	RY OR CREMATORY 240. L	SATION (City, town	(State)		
	DATE RECEIVE		+ 10	Lliama M.Z.	25. FANERAL DIRECTOR	C. Wa	llers		
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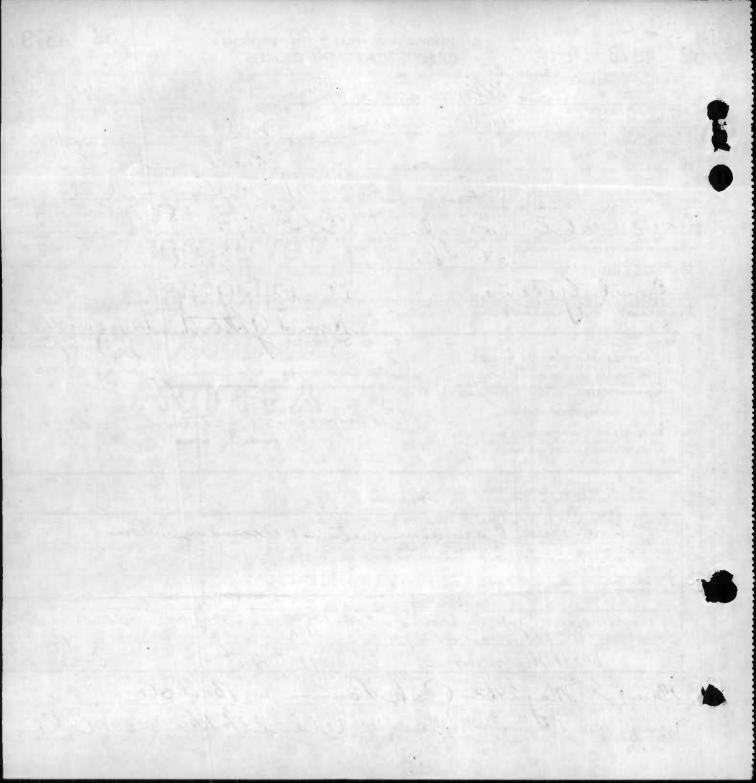
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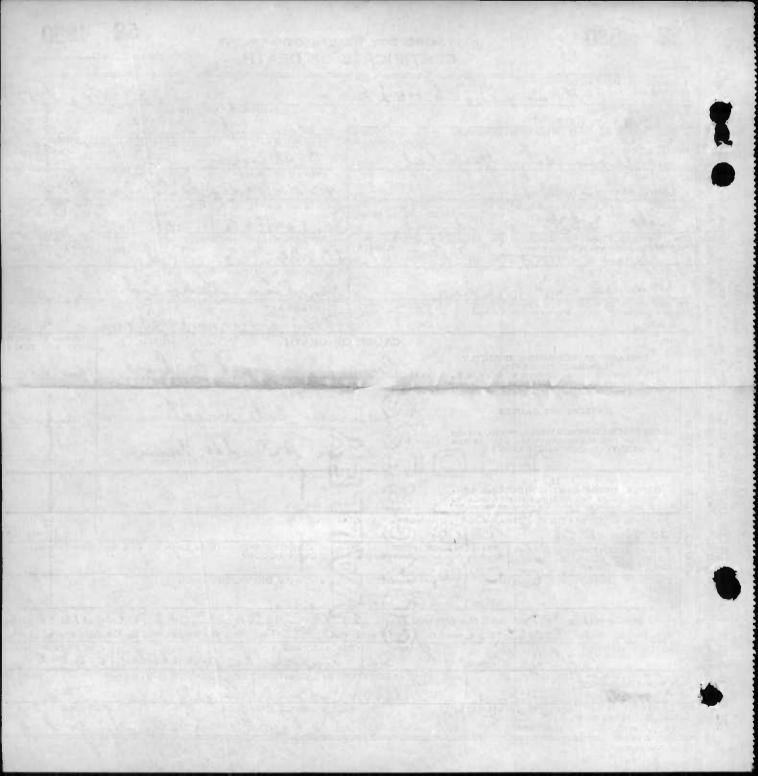
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Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland -1-4 B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location (If outside corporate limits, write RUPAL and give C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE SINGLE, MARRIED. WIDOWED, DIVORCED (Specify 8. DATE OF BIRTH 9. AGE (In years If Under | Year | If Under 24 Hours last birthday) Months: Days Hours Min. If Under 24 Hours 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, oo or uokoowo) (If yes, give wer or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or uokoowo) SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. CA RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED nance ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 194. DATE OF OPERATION | 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY - Keeling & ascenda urcinana EDICA YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) | 1NJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from the 1-52, 19 . 195 that I last saw the , 19 5 and that death occurred at / A deceased alive on _m., from the eauses and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 1 HErrmann J-23-5V 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE DATE RECEIVED BY ADDRESS 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

VS 150

LOCAL REGISTRAR





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-	BIRTHING
	1. NAME OF DEC (Type or Print)
	a. Baltimore Ci
	B. FULL NAME O HOSPITAL OR INSTITUTION
	c. Length of sta
	Male
	LIOA USUAL OCC

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No2

BIRTHING.						
1. NAME OF D (Type or Print)		OHN	WRZEINSK	I (wWnzesin	ski) 2. DATE OF DEATH M	ay 22, 1952
	EATH: City, Maryland			A. STATE	NCE (Where deceased lived B. COUNTY	. If institution : residence
B. FULL NAME HOSPITAL OR INSTITUTION			tion, give street address or location)	C. CITY OR TOWN	71	imits frie RU AL and give township)
3.13	Johns Hopki	ns Hos			imore	
c. Length of s	tay in Baltimore	Life	Days	510	S. Wolfe Street	
5. sex Male	6.COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	5-15-190	last birthday)	Months Days Hours Min.
10A. USUAL OC	CUPATION (Give kind of f working life, even if retired)	108. KINI	Single O OF BUSINESS OR INDUSTRY		State or foreign country)	12. CITIZEN OF WHAT COUNTRYS
Naile		Acme B	ox Factory	Baltimo:		USA
	ob Wrzeinski		WOJOTA	Frances	Dubia	1/
	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				Walter J.	Wrzeinski- 3126	Weaver Avenue
OTHER STRIBUTING	S OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA INTERNATION LA INTERNATION LA INTERNATION CONDITION LA INTERNATION CONDITION LE CONDITION	STATING T ST. TIONS CO NOT RELAT CAUSING	(C) N- ED			
	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
UNDERLYIN	IAL CAUSE WAS G OR CONTRIB-	21B. PL.	ACE OF INJURY (e. g., ir farm, factory, street, office bldg., e	or 21c. WHERE D		ty, give exact iocation)
	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE WHILE AT WORK AT WORK	21F. HOW DID	INJURY OCCUR?	
22. I certi	y that I took char	ge of the	remains described a	oude, record are	Partial Autopsy	thereone and from
the evi	dence obtained by ath in my opinion	said Aut	opsy, Inspection or I from: natural causes	nauiry, find that	Autopsy, Inspection or Inqui said deceased died on suicide [], homicide [the day stated above.
23A. SIGNA		Seria 1	M	238. CHIEF ME ASSISTANT MI D. MEDICAL INVI	EDICAL EXAMINER	May 22, 1952
24A. BURIAL, O TION, REMOVAL (S Burial	REMA- 248. DATE/ pecify) 5-26		24c. NAME OF CEMETER HOLY ROS		24b. LOCATION (City, to Baltimore	
DATE RECEIVE	P BY REGISTRAR	1	JRE	25. FUNERAL DIR		ADDRESS

(150 pt 452 1) 10 11 100 THE OLD TO BE WELL AND THE STREET

before admission)

If Under 1 Year

ADDRESS

Months Days Hours Min.

12. CITIZEN OF

WHAT COUNTRY?

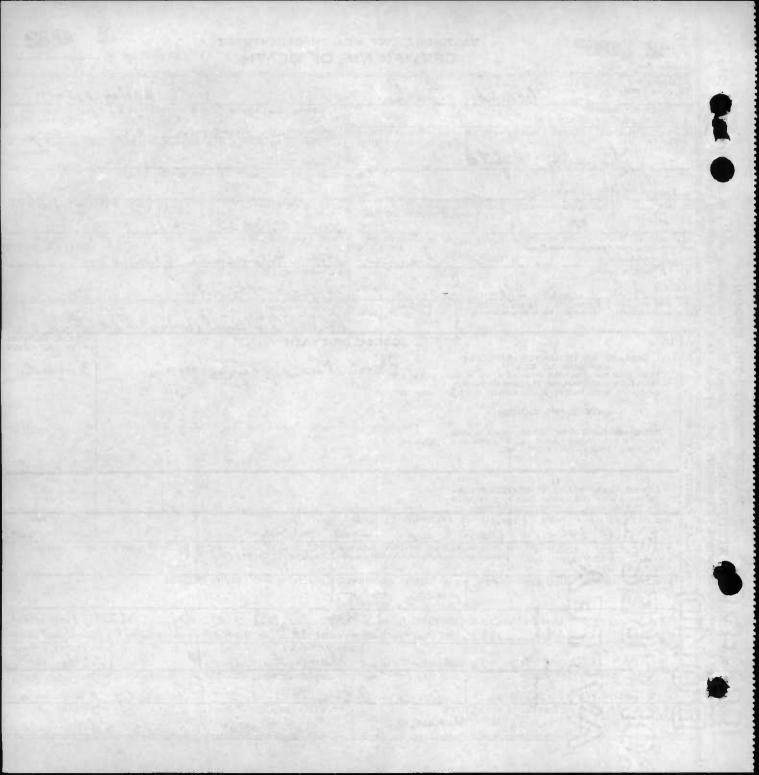
INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

ADDRESS

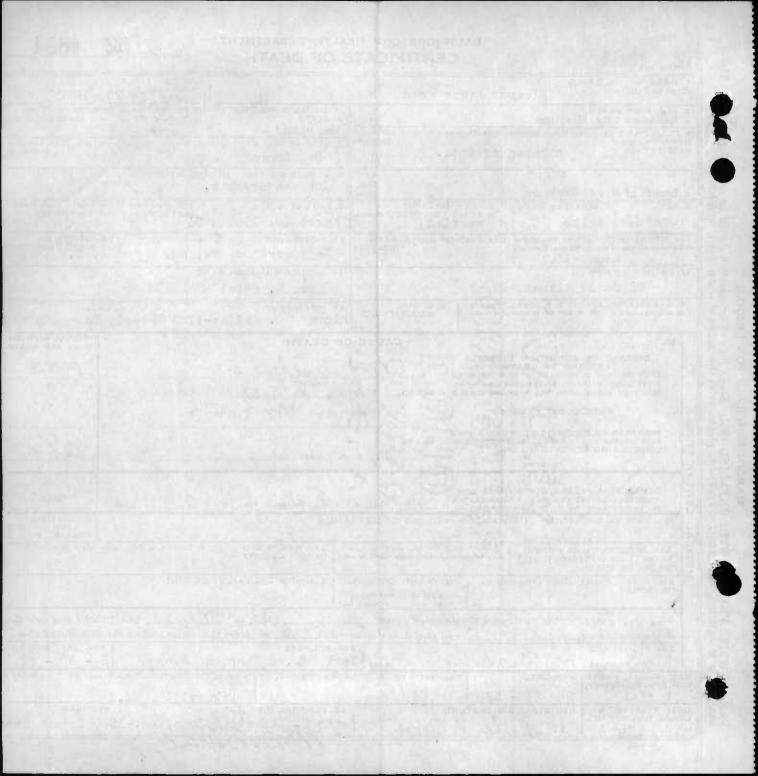


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The	1. NAME OF DECEASED	2. DATE						
0	3. PLACE OF DEATH:	DEATH MAY 2	nstitution ; residence					
	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or institution).	Maryland B. COUNTY	before admission)					
III.	HOSPITAL OR US Public Health Service location Hospital Wyman Pk. Drive & 31st St.		write RURAL and give township					
legh	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)						
pe of	c. Length of stay in Baltimore ? Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	LO DATE OF BURTH. LO ACE UP WAR! MI	Inder 1 Year If Under 24 Hours					
a d	H WIDOWED DIVORCED (Specify	May 11 ?	ths Days Hours Min.					
on shou clearly	work done during most of working life, even if retired) INDUSTR		WHAT COUNTRY					
tion h cl	neckhand Seafarer 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	OOK					
NDING information s of death cle	Charles A. Hartge	Frances Phipps	1/					
BINDING of inform uses of de	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT AD	DRESS					
R BINI em of in	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Records- US PHS Hospital, Ba	alto, Md.					
RESERVED FO INK. Every ite please write the	ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ronchopneumonia, severe	Unknown					
H H	194. DATE OF OPERATION 7 198. MAJOR FINDINGS OF OPE		YES NO					
WITH	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg		ve exact location)					
Ally in	OF INJURY OCCURI	E C						
PLEAT WRITE PLA	22. I hereby certify that I attended the deceased from Jan. 7, 1952, to May 23, 1952 that I last saw the deceased alive on May 23, 1952, and that death occurred at 1:35Am., from the causes and on the date stated above 23A. SIGNATURE D.W. Patrick. Medical Officer in Charged. US PHS Hospital, Balto, Md. 5/23/52 24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) Moy 26, (8-2) DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRANGE 25. FUNERAL DIRECTOR ADDRESS T.A. Charactery Signature							
	vs 150 673	35 Jakson	er, Ald					

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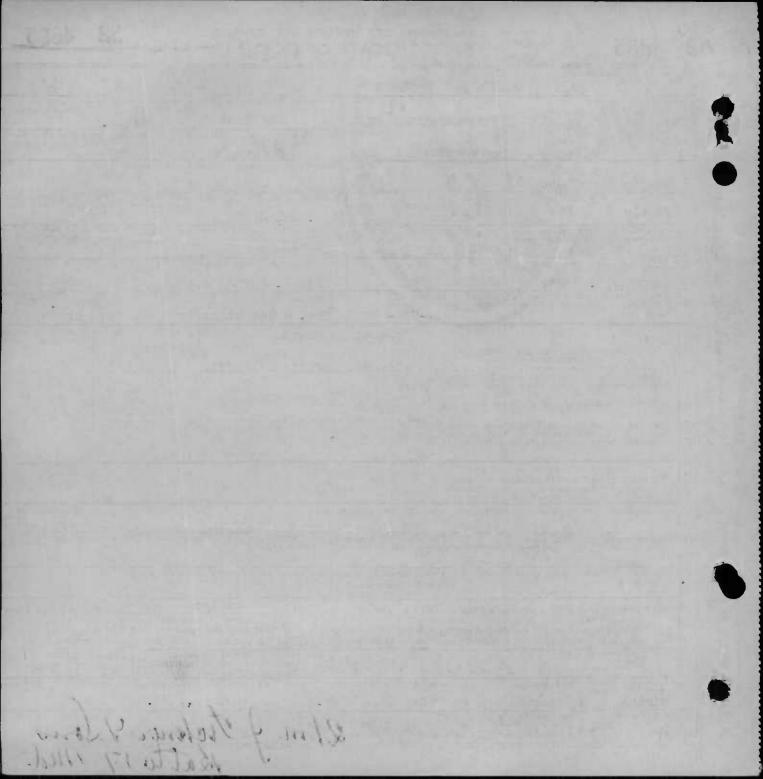
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	WITH	y important.
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) Eleanor Evans Reed OF DEATH May 22, 1952 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF HOSPITAL OR (If not in hospital or institution, give street address or none location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Ambassador Apts. Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. Ambassador Apts. c. Length of stay in Baltimore Days 9. AGE (In years | If Under | Year | If Under 24 Hours | Last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED DIVORCED (Specify)
married female March 20, 1901 white IOA. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if relired) INDUSTRY U. S. COUNTRY Baltimore County, Md. housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarence Richard Evans Cora R. Crist 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Richard T. Tolley-1703 Waverly Way INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES FICATION (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ERTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS DICAL 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK AT WORK 1950 to Men 2 2, 1952, that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED York Rd., & Sheridan Avenue 5 - 22 - 5224A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME of CEMETERY OR CREMATORY | 24b, LOCATION (City, town, or county) burial - 24 - 52 Druid Ridge DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR John O.Mitchell & Sons, Inc .- 1900 Eutaw Place VS 150



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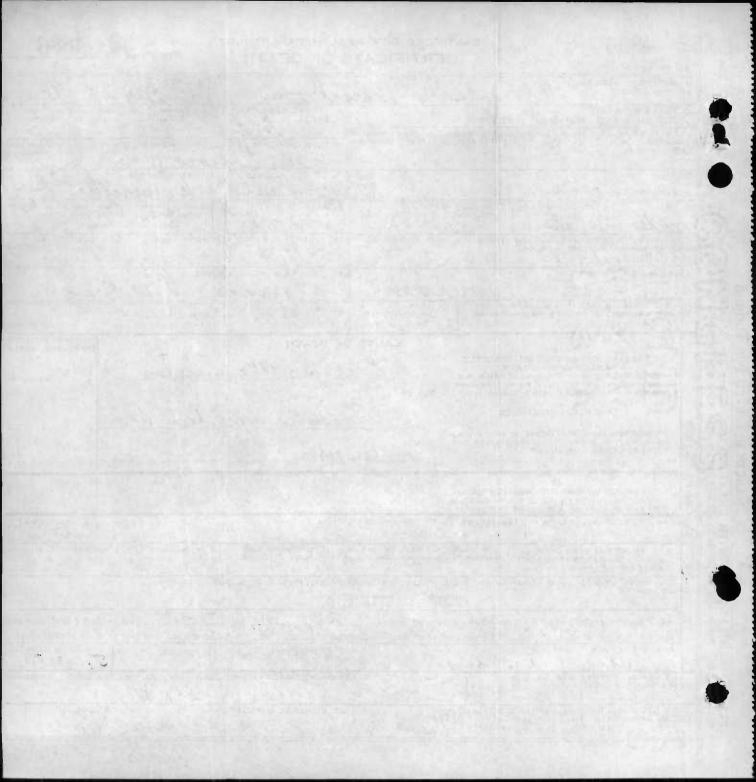
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1 6		H. Tucker	ED FORCES 1	16. SOCIAL	Alice C. R	eynold	S			
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B.	2	6 15 4886 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No	4886							
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		PLACE OF DEATH: Aude D. Bourton OF May 23	ution: residence							
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ge i	2/	AAS BURIAL, CREMA- 24B. DATE 24G. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or co	123/12- unity) (State)							
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12. CITIZEN OF

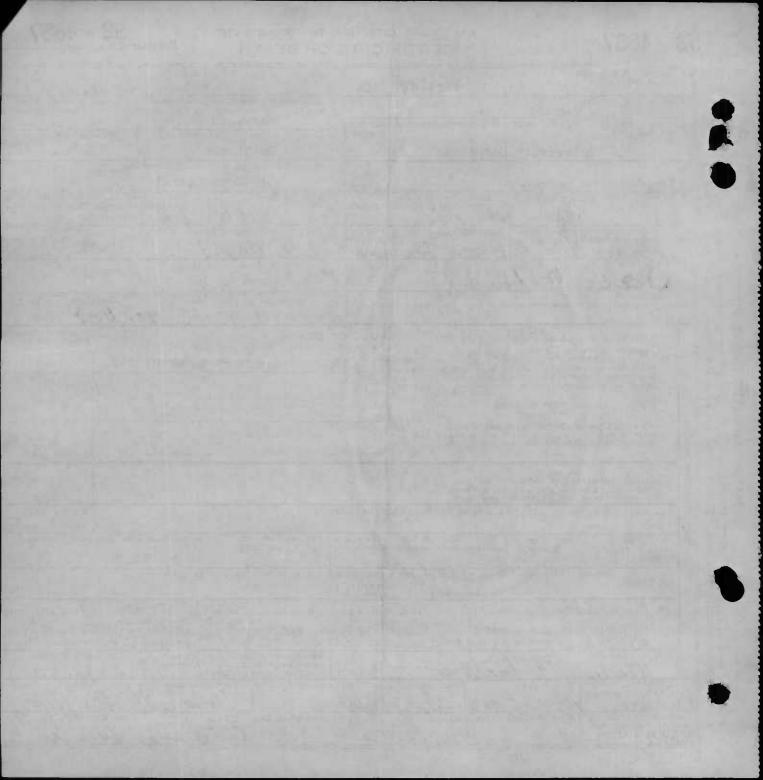
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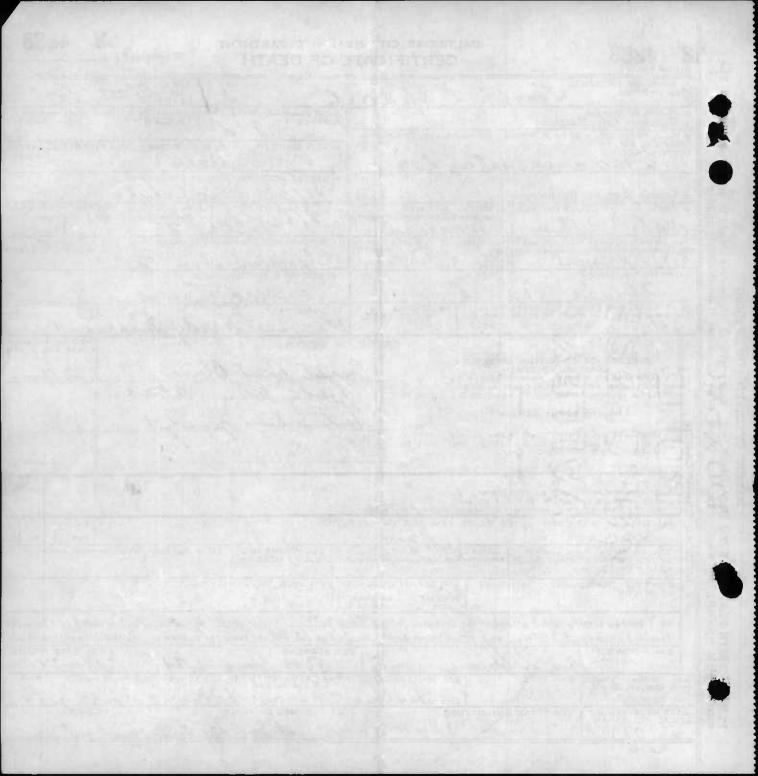
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MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

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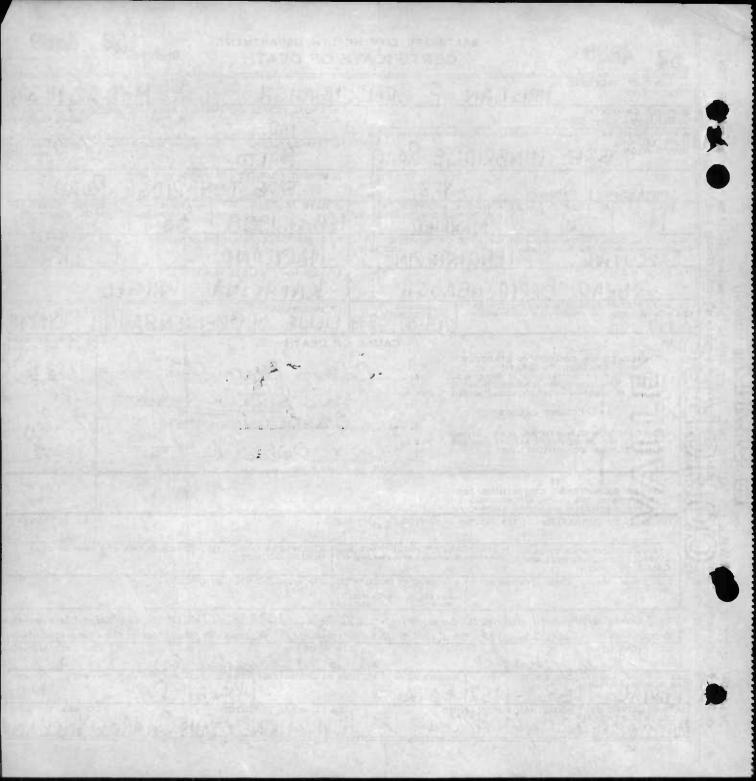
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 4890

81	RTH NO.	J					
	NAME OF Di		ore Fr	ederick Ern	est Sack	OF DEATH	ay, 23, 1952
A.		ity, Maryland			4. USUAL RESIDENCE (WA. STATE	B. COUNTY	If institution; residence before admission)
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13	M.			Yrs.	p. STREET ADDRESS (If	-	-100
_		tay in Baltimore		Mos. Days	4700 Walther	· Blvd.	
	ale	White	WIDOW	e, MARRIED, VED, DIVORCED (Specify) LOWED	8. DATE OF BIRTH March • 13 • 1869	9. AGE (In years last birthday) 83	Months Days Hours Min.
worl	A. USUAL OCC	CUPATION (Give kind of f working life, even if retired) Lumber Co		of Business or INDUSTRY	11. BIRTHPLACE (State ur for Baltimore, Mar		12. CITIZEN OF WHAT COUNTRY?
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	22. I hereby	y certify that I att			red at 112 P.m., from the	my 23 , 19	52, that I last saw the
		ive on may >3	, 1952			he causes and on	
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7/ TIC	Burial Burial	REMA- JAB. DATE pecify) 5/27/5	52	24c. NAME OF CEMETE Par kwood	Cem. Bal	timore, A	
D	TE RECEIVE	BY REGISTRAR	s SIGNATI		25. FUNERAL DIRECTOR	5305 Ha	ADDRESS
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Dr. Saurger

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BALTIMORE	CITY	HEA	LTH	DEPARTMENT	
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52 4891 2. DATE OF May 23, 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAF, and give D. STREET ADDRESS (If rural, give location) 9. AGE (In years If Under I Year last birthday) Months: Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS Mrs Edwin Stein, 5814 Leith Walk " Carcin own ascending Colon 9 Worth 20. AUTOPSY? (If in Baltimore City, give exact location)

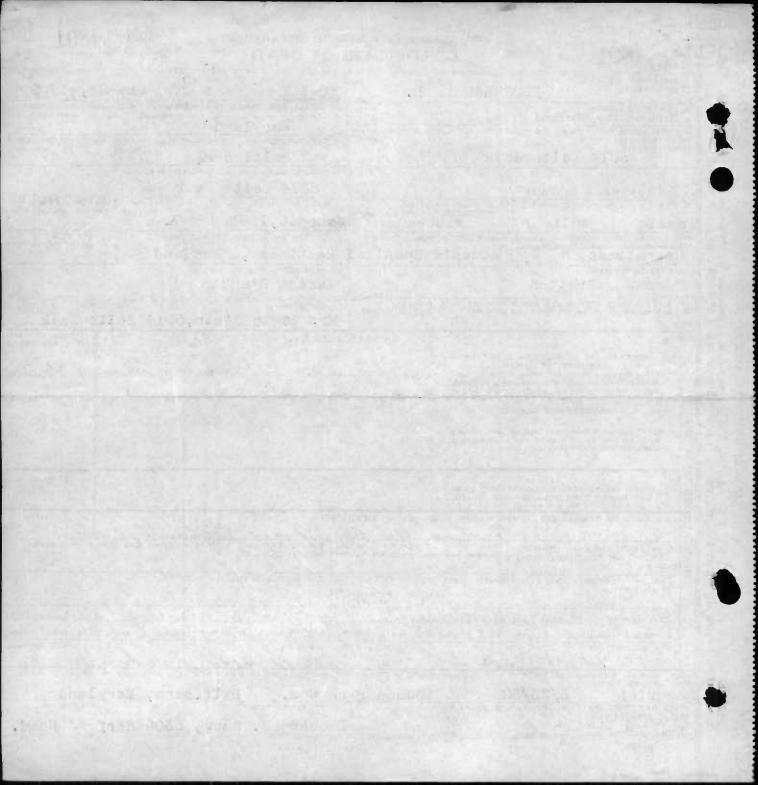
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Baltimore, Maryland 25. FUNERAL DIRECTOR ADDRESS

24D. LOCATION (City, town, or county)

Leonard J. Ruck, 5305 Harford Road.

23c. DATE SIGNED



D-	F0 .	EALTH DEPARTMENT E OF DEATH Registered No. 4892			
The	I. NAME OF DECEASED	[2. DATE /			
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. STATE B. COUNTY hefore admission			
A A	B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Sof //ce + wood Ave				
	Yrs. C. Length of stay in Baltimore C. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location) Of of Fleetwood Are			
on should be ca	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DAVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours			
shoul	10A, USUAL OCCUPATION (Give kind of the line of the li	(11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY			
G matic eath	Frank Debelius	14. MOTHER'S MAIDEN NAME			
BINDIN of infor	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 218-03-1733	Mrs. Parolyn Debelius Rame			
FOR ry item	OAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE (A)	OF DEATH INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH			
G INK.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
MARGIN UNFADIN Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED				
H C	194. DATE OF OPERATION 198, MAJOR FINDINGS OF OPER	YES NO			
WIT	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., of UTING CAUSE OF DEATH.				
ly min	21D. TIME (Momth) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK				
WRITE PLA	22. I certify that I took charge of the remains described a the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural eauses	Autopse, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above By accident \(\subseteq \), suicide \(\superseteq \), homicide \(\superseteq \), undetermined \(\superseteq \).			
E WR		238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER			
PLE	244) BURIAL, CRÉMA: 248. DATE 24C. NAME OF CEMETE 1012 REMOVAL (Signify) 5/24/52 Moreland	Park Balto mg			
P 00	MAY 2 4 1952 Turnington Wallaurs My	L. Luck 5305 Harford Rd			
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C110	52 48	sawyer		TIMORE CITY HE			Registere	52 4 d No	1893
1. 1	NAME OF D						2. DATE OF	May 01	1052
	PLACE OF D		ice C	ecelia Ham	4. USUAL RESIDE	NCE (W		. If instituti	on: residence efore admission)
B. F	ULL NAME SPITAL OR STITUTION			ion, give street address or location)	C. CITY OR TOWN		outside corporațe li	mits, write	RVRAL and give
()-	Canadh af a		ons av	Yrs. Mos.	Baltimore 2 7 7 7 8 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
5. \$	emale	tay in Baltimore 6.COLOR OR RACE White	WIDOW	Days E. MARRIED. VED. DIVORCED (Specify)	B. DATE OF BIRTH June 19,18		9. AGE (In years last birthday)	If Under 1 Yes	if Under 24 Hours Lys Hours Min.
10A work	at ho		10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN O			IZEN OF	
13.	John	Walbce			Jane Mc Namara				
15. (Yes,	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yea, no or maknown) (If yea, give war or dates of service) 16. SOCIAL SECURITY NO. Mrs. Jos. Moeller, 3105 Git							ADDRESS 5 Gib	
NOL	DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE CAUSE OF DEATH (A) CAUSE OF DEATH (B) CAUSE OF DEATH (CAUSE OF DEATH (CAUSE OF DEATH (A) CAUSE OF DEATH (B) CAUSE OF DEATH (CAUSE OF DEAT							acys	
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EDICAL	CALISE OF DEATH						y, give exa		
Σ -	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OF INJURY OCCUR? WHILE AT WORK AT WORK								
-	22. I hereb deceased a 23A. SIGNA		ended the	and that death occur			the causes and o	n the date	I last saw the stated above. DATE SIGNED 24
24. TIO	A. BURIAL, N. REMOVAL (S Buria)	CREMA- Specify) 5/26/	P	Moreland M	RY OR CREMATORY	6	eltimore,		

em Park E

Leonard

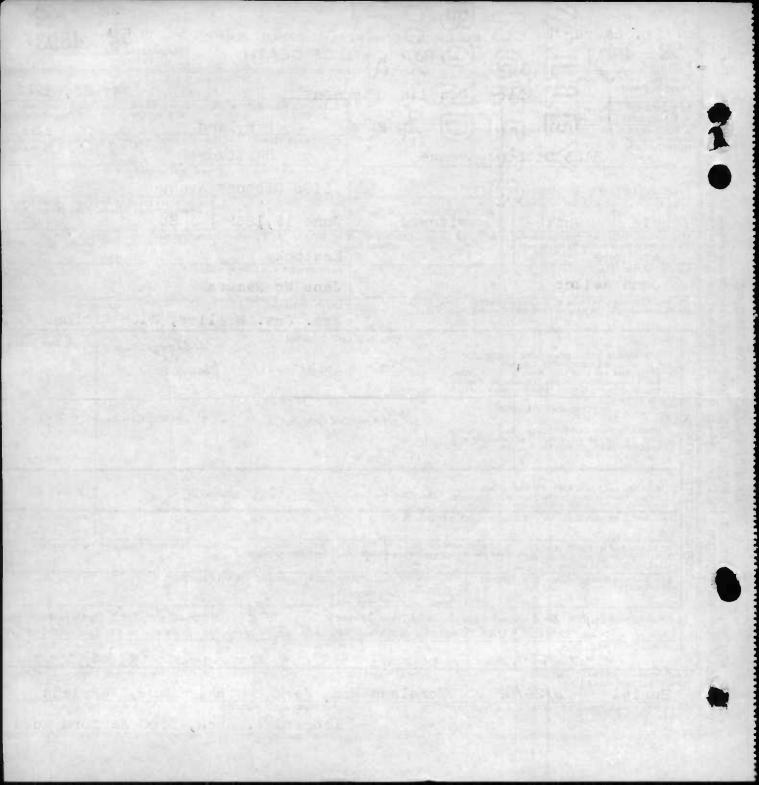
J.

Mary land

Ruck, 5305 Harford Road

VS 150

DATE RECEIVED BY REGISTRAR'S SIGNATURE



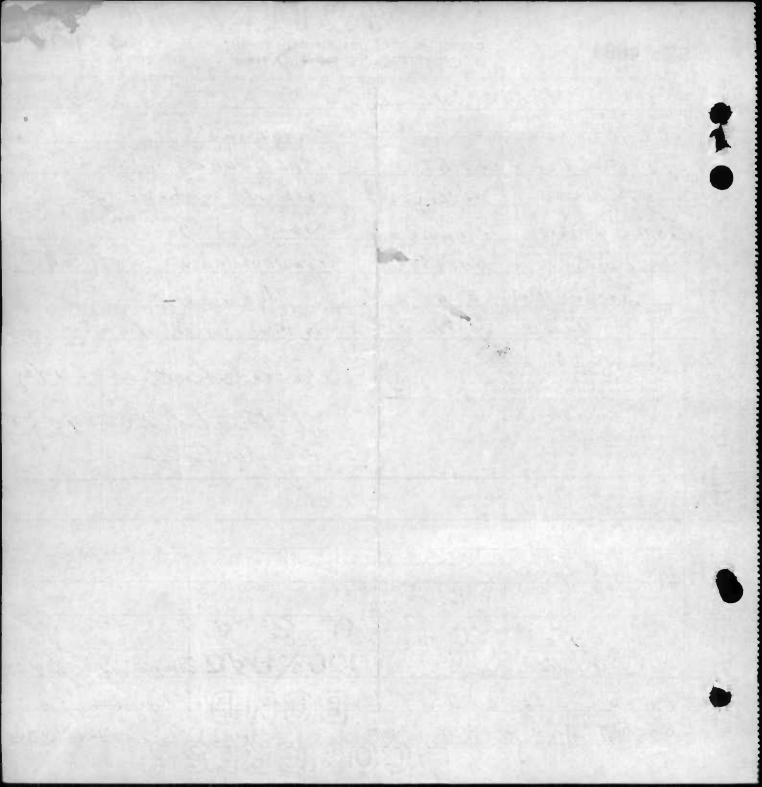
1	O AS	394	BAL	TIMORE CITY HE	ALTH DEPARTMEN		4894
CERTIFICATE OF DEATH					0		
==	RTH NO.						
	NAME OF ype or Print)	MA I	RIA	WEISE		2. DATE OF DEATH 5 - 2	3-55
	PLACE OF Baltimore				4. USUAL RESIDENCE A. STATE	(Where deceased lived, If i	
	FULL NAME		ital or institution	on, give street address or	MARYLAN	nd	
	STITUTION	5 W. Long	1	location)	-1211	(If outside corporate limits	write RURAL and give township)
100	181	0 W. LOM	BARA	Yrs.	D. STREET ADDRESS	(If rural give location)	7
U _{c.}	Length of	stay in Baltimore	4	1/2 VAS Days		Lombard	St.
5.	SEX	6. COLOR OR RACI		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If last birthday) Mor	Under I Year fi Under 24 Hoors this Days Hours Min.
10	A LISHAL O	CCUPATION (Give kind	of 10B. KIND	OF BUSINESS OR	3-10-57	r foreign country	12. CITIZEN OF
		tof working life, even if retire		INDUSTRY	PENNSULV	MANIA	WHAT COUNTRY?
13	. FATHER'S		1 // 0 - 1	2011	14. MOTHER'S MAIDEN	NAME	
	J	Acob W.	EISE		Unkn	ow n	
	. WAS DECEA	SED EVER IN U.S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
(20	No	NONE		NONE	MRS. HENRY	BAKER 1815	W. Lombard S
	18. 33	14		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	ASE OR CONDITION	DIRECTLY	_		1 1	ONSET AND DEATH
		LEADING TO DE.	ATH		orrebral	Stemorch.	ely, 1 day
	heart fail	lure, asthenia, etc. It mer r complication which	eans the disease			······································	1
	injury o	r complication which	caused death.) DUE TO	0 1-	000	
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K		SIGNIFICANT CONI					
O	TO THE	DISEASE OR CONDITIO	N CAUSING IT				
J	19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
CA							YES NO
IEDICAL						ive exact meation)	
Σ		(Month) (Day) (Yea	r) (Hour) 2	1E. INJURY OCCURR	ED 21F, HOW DID INJU	JRY OCCUR?	
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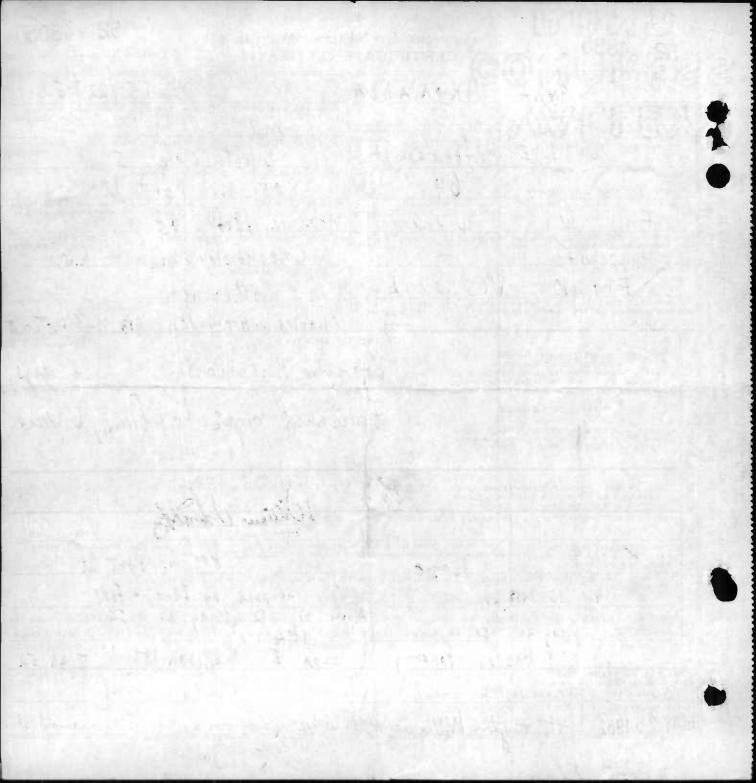
22. I hereby certify that I attended the deceased from 19 that I last saw the 19 5 2 and that death occurred at 9:50 km., from the causes and on the date stated above.

| 238. ADDRESS | | 23c. DATE STONED deceased alive on 23A. SINATUA

24B. DATE

5-27-52 0

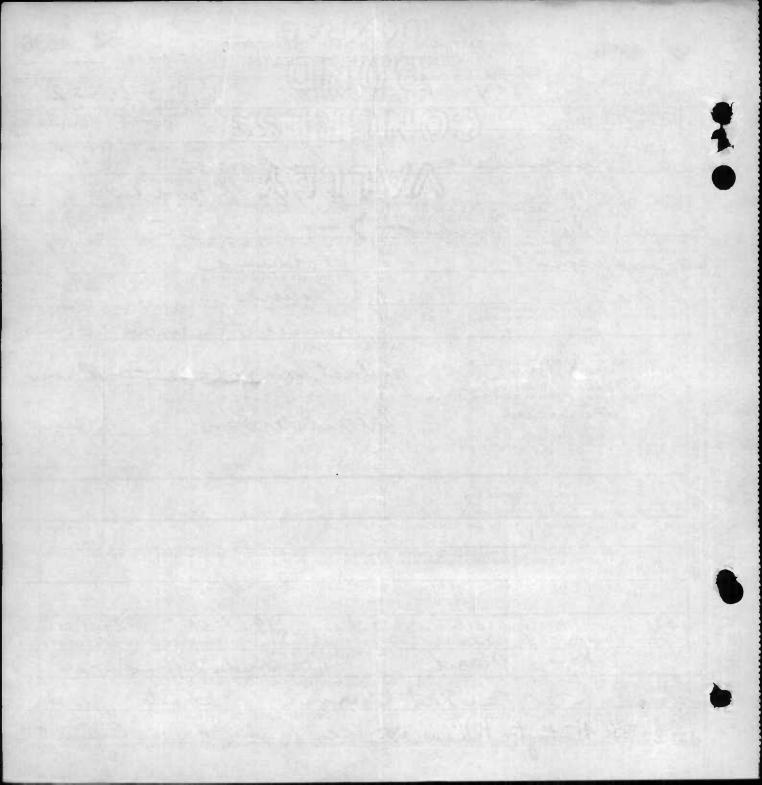




BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

52 4896

	A Line		C	ERTIFI	CATE	E OF DEATH	Registere	d No
	RTH NO.							
(T)	NAME OF D	BE	TSY	FRE	EEL	MAN	2. DATE OF DEATH	24-52
	Baltimore (City, Maryland				4. USUAL RESIDENCE	E (Where deceased lived	. If institution: residence
В.	FULL NAME		tal or institution	, give street a	ddress or	Mil	Z B. COONTY	before admission)
IN	STITUTION	4			location)	C. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give
1		deven	dal	2		Malten	usre 1	7-04 township)
1					Yrs.	D. STREET ADDRESS	(If real, give location	
		tay in Baltimore		40	Days.	1039 No	Droad	way
2	SEX	6. COLOR OR RACE	7. SINGLE, I	MARRIED, D, DIVORCED	(Specify)	8. DATE OF BIRTH	9. AGE (In years last/birthday)	Months Day Hours Min.
10	A LISTIAL OC	CUPATION (Givekind of		red		11 2124	05	
wor	doneduring most	of working life, eyon if retired)	108, KIND O	F BUSINESS	OUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY
1		wife.				1 ocan	-d	
13	FATHER'S	NAME //				14. MOTHER'S MAIDE	N NAME	
0	Flar					Jannie		
(Ye	, oo or uokoown)	ED EVER IN U.S. ARMEI	D FORCES? 1	6. SOCIAL SECURIT	Y NO.	17 INFORMANT	1	ADDRESS
						Hannel -	Treedman	D- dame
	18. 33/	X .		CA	USE C	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	,	0	11	/	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A) Cerebral humorkage							Bhom
	neart failure, asthenia, etc. It means the disease,							
~	ANTECEDENT CAUSES arterio-deros							alex-
0	DISEASES	OR CONDITIONS, I	F ANY, GIVING	(B)		0000-040		
ATI	RISE TO T	HE ABOVE CAUSE (A)	STATING THE	DUE TO				
Ü				(C)		***************************************		***************************************
14.		11						
2	OTHER S	IGNIFICANT CONDI	TIONS CON-					TO STATE OF THE ST
CE	TO THE D	TO THE DEATH, BUT SEASE OR CONDITION	CAUSING IT.				***************************************	
	19A. DATE C	F OPERATION 1	98. MAJOR F	INDINGS OF	OPER	ATION		20. AUTOPSY?
Y Y								YES NO
EDICAL		ENT WAS UNDER. R CONTRIBUTING DEATH	21B. PLACE about home, farm	OF INJURY	(e.g., in ffice bldg., et	or 21c. WHERE DID	(If in Baltimore Cit.	y, give exact location)
Σ		(Month) (Day) (Year)	(Hour) 21s	. INJURY O	CCURRE	D 21F. HOW DID IN	JURY OCCUR?	
	OF INJURY		WHI	LE AT NO	T WHILE			
	22 Though	or contifer 47 -4 7 44			7.4	7.7 1046.	5-24	52
	deceased al	y certify that I att live on 5-24	cenaea the ac	ceasea from	n_ u	12 15 7, 10		that I last saw the
	23A. SIGNAT	TURE 4/	_, 19 and	a that aeath		BB. ADDRESS	m the causes and on	the date stated above.
	1	Herry	Mag	el .		Olevan.	dolo Hon	5-24-57
24	N BURIAL,	CREMA- 248, DATE	1240		I.D.		D. LOCATION (City, to	
TI				" HAME OF C	a Link State of the Link of			wn, or county) (State)
de	N. REMOVAL (S		15	MA	0	HIAR D	De Ork	wn, or county) (State)
DA	urere	pecify) V=ZV=	12/	nut	Ca	ruel	Dulto	nel
DA	TE RECEIVED CAL REGIST	D BY REGISTRAR	S SIGNATURE	nut	Ca	25. FUNERAL DIRECT	Dulto	ADDRESS (State)



information

RESERVED

MARGIN

WRITE

BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Margaret E. Harrison May 23rd. 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence Baltimore A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give 4703 Hampnett Ave. INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Bouildin St. Days on should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (in years | If Under I Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. Female White Widowed 12-22-1878 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
HOUSEWIF INDUSTRY WHAT COUNTRY? Ireland death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Nolan 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16, SOCIAL 17. INFORMANT ADDRESS SECURITY NO Every item of i Charles A. Stengel 437 N. Bouildin CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING CATIO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: (C) RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY mportant. DIC 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING Ш CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from ______ . 19 49 to , 1912, that I last saw the esp deceased alive on_ 1/13 1912, and that death occurred at 10 2017 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

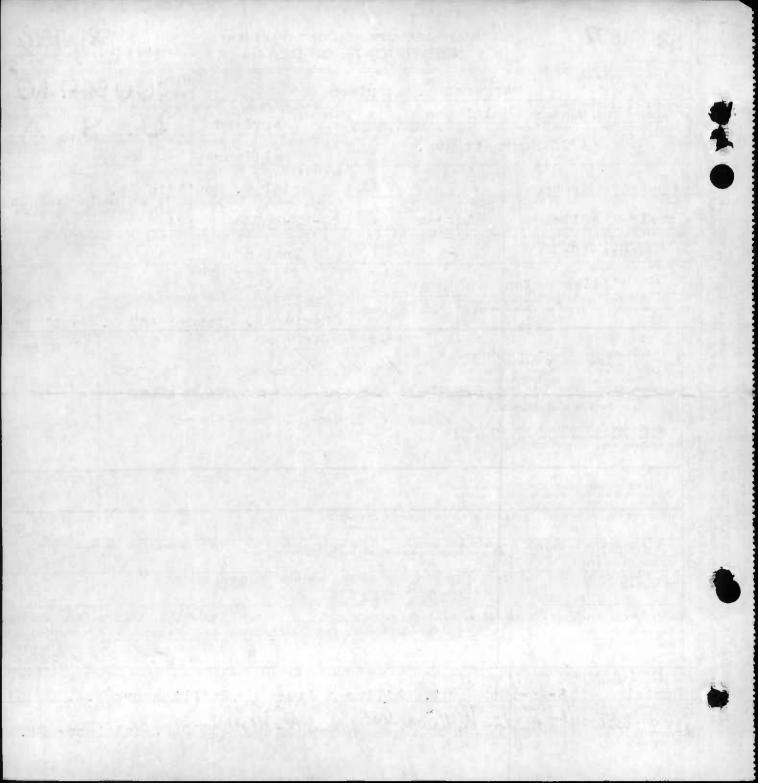
Phillipsburg N.J.

Burial DATE RECEIVED BY MAY 25 1952

5-26-1952

St. Philips & James 25. FUNERAL DIRECTOR

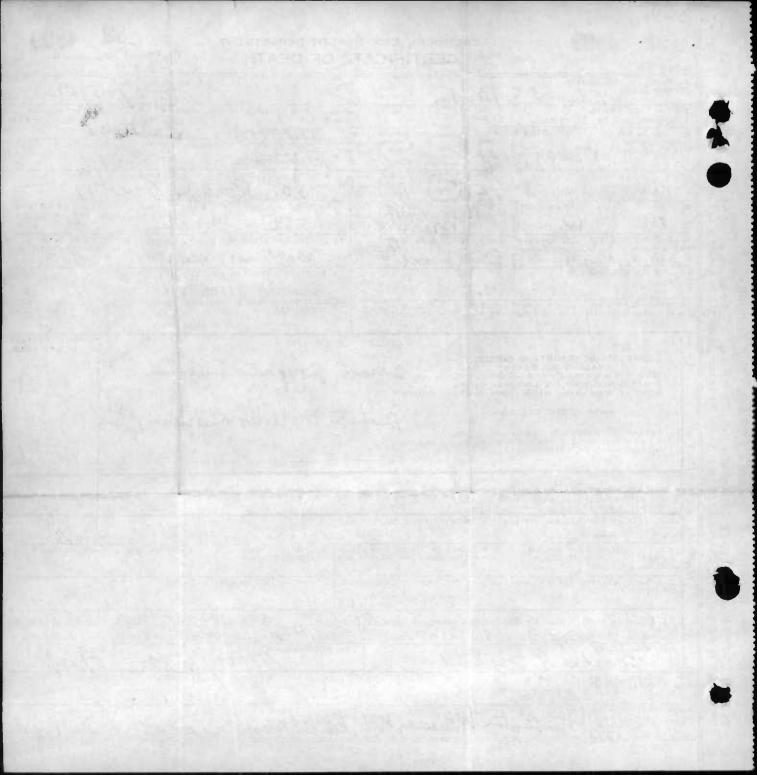
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	E WRI	age is
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	52 4898 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT Registered No.	4898			
	BIRTH NO.	E OF BEATH				
	1. NAME OF DECEASED (Type or Print) many 6 linton	2. DATE 3. 3 h	-y 1952			
	3. PLACE OF DEATH: A. Baltimore City, Maryland 1266 Valley 21-	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	itution : residence before admission)			
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, w.	rite RURAL and give			
	Little Sisters of the 1 or	Baltimore /0-0/	/ cownship,			
	C. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location) 1200 Valley St.				
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) Months				
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	John Dwens	many Hale				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT Sisters of the Pador	RESS			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH (A) (A) CUTONIC MY OCCURDING (A) OUE TO					
	DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		0			
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?			
	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office hidg., e	n or 21c. WHERE DID (If in Baltimore City, give	exact location)			
	21p. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRI					
1	m. WORK AT WORK L					
	22. I hereby certify that I attended the deceased from May 23, 19 2, and that death occur	red at 2 m., from the causes and on the d	hat I last saw the late stated above.			
			3c. DATE SIGNED			
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE.	RY OR CREMATORY 24D. LOCATION (City, town, or o	county) (State)			
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AL	DDRESS			
	MAY 25 1952 Tuntington Villaus Mis.	Benard C Harle 121	Elvester			
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· January Control at mark Holy area a a co Bound & Hall 121 Elizabell



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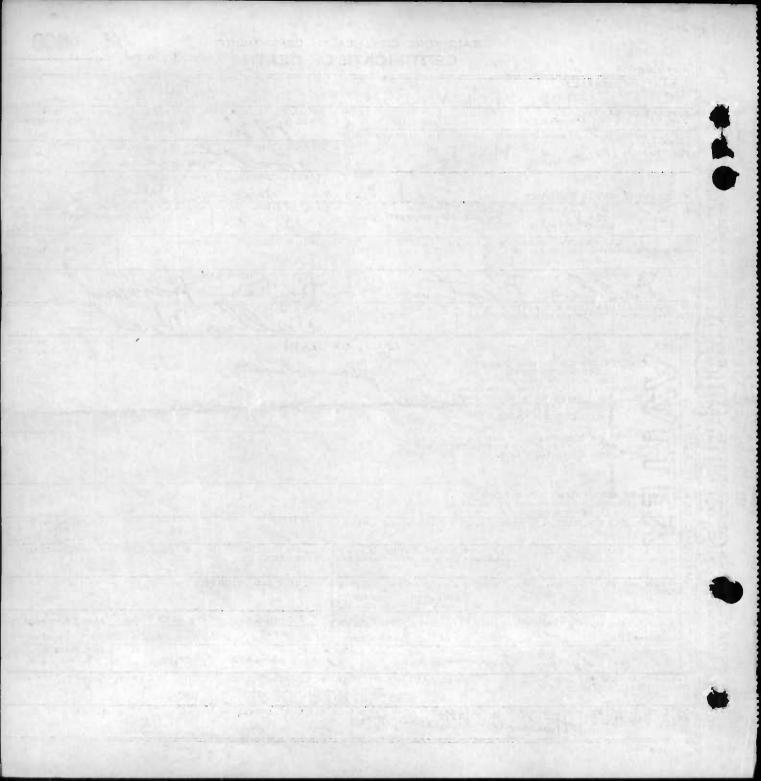
last birthday) | Months Days | Hours | Min. 16 12. CITIZEN OF WHAT COUNTRY? NTERVAL BETWEEN DNSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) , 195, to 200, 195, that I last saw the and that death occurred at 2: . from the causes and on the date stated above. 23c. DATE SIGNED ADDRESS W. To Taller

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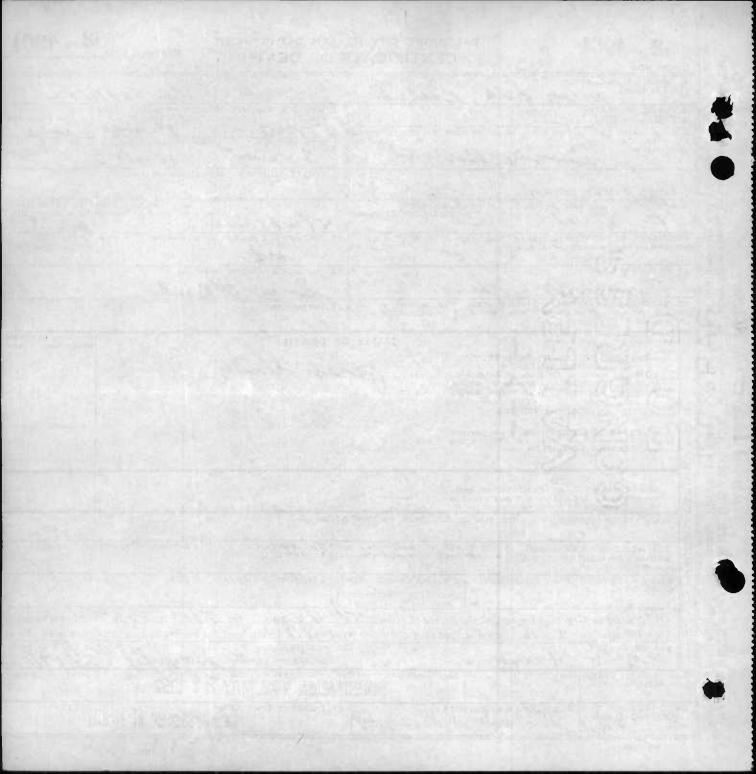
li Under 1 Year

before admission)

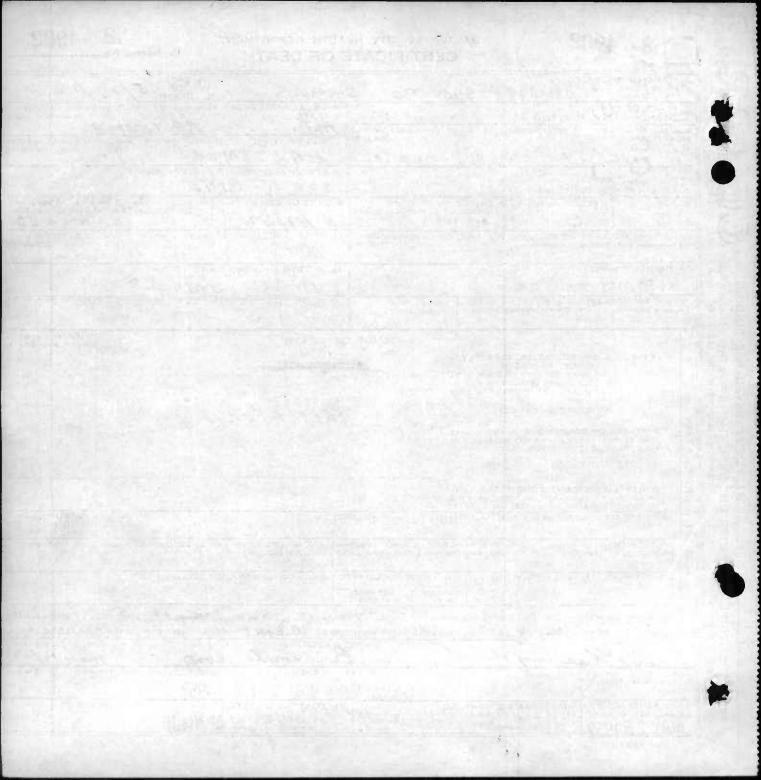
If Under 24 Hours



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The	Bi		E OF DEATH Registered No	52 4901			
H		NAME OF DECENSED ype or Print) Bolly guil Collins	2. DATE OF DEATH 5//	6/52			
7	А.	PLACE OF OEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location)		before admission)			
ly.		STITUTION niversity Horgutal	found Rant	write RURAL and give township)			
be can	-	Length of stay in Baltimore 2 Mosr Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.		\ \ \ \ \			
ld		WIDOWED, DIVORCED (Specify	5/14/5-2 last birthday) Mont	der I Year If Under 24 Hours hs Days Hours Min.			
ion shou	work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) FATHER'S NAME	nd.	2. CITIZEN OF WHAT COUNTRY			
NDING information s of death cle		Bryont Collins	Some O'Dell				
em of infor	(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service) (If yes, give war or dates of service)	17. INFORMANT AOC	DRESS			
KESERVED FO INK. Every it please write the	ATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET ANO OEATH			
MARGIN H UNFADING t. Physicians:	1 1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. OATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJ		20. AUTOPSY?			
WITH important.	MEDICA	21A. ACCIOENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.		re exact location)			
AIIy	4	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW OIO INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK					
Pl		22. I hereby certify that I attended the deceased from 5/14/5 19, to 5/16, 19 2, that I last saw the deceased alive on 5/14, 1952 and that death occurred at 1:304m., from the causes and on the date stated above.					
E WRITE	24	A. BURILL, CREMA- 24B. OATE 24C. NAME OF CEMETI	ERY OR CREMATORY 240. LOCATION (City, town, or	5/19/32 recounty) (State)			
PLE/C		VINILIN	ERY OR CREMATORY 240. LOCATION (City, town, or MAY 2 2 1952) L25. FUNERAL DIRECTOR	ADDRESS			
PI		MARE 157952 Tuntington Williams, My	The American of Head	dlb			
		VS 150	to the thousand				



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В	IRTH NO.	52-	1/3	95	CERTIFICAT	E OF DEATH	itegistereu i	
	NAME OF Cype or Print)		WBON	(N 3)	PAY BOY S	SMALLS	2. DATE OF DEATH	19/52
A.	PLACE OF E	City, Mary	land			A. STATE	(Where deceased lived, If B. COUNTY	before admission)
H	OSPITAL OR				ion, give street address or location)	C. CITY OR TOWN	(If outside corporate limit	s, write RURAL and give township)
2	LINIVI	ERSIY	OF	MI	D. HOSRITHL	BALTIN		-03
-	6				Yrs. Mos.	0. STREET ADDRESS		
	Length of s	tay in Balt		7 SINGL	Days E. MARRIED.	8. DATE OF BIRTH		f Under 1 Year II Under 24 Hours
	W	1 0		SIN WIDOW	ED, DIVORCED (Specify)	5/19/52	last birthday) Mo	onths Days Hours Min.
1C wor	A. USUAL OC k done during most	CUPATION (of working life, eve	Give kind of on if retired)	108. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S	NAME				14. MOTHER'S MAIDEN	NAME	0 3 7 7
	JAM	ES FAI	SON			MABEL	SMALLS	
15 (Ye	. WAS DECEAS	ED EVER IN U	, S. ARMEI war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
CERTIFICATION	(This doe heart fail injury or DISEASE RISE TO UNDERL	SE OR CON LEADING s not mean the complication ANTECEDEL SOR CONDITION THE ABOVE C. YING COND SIGNIFICAN: G TO THE OE. DISEASE OR CO	TO DEATH	TH of dying, e.: .ns the diseaseaused death SES F ANY, GIVII STATING TI ST. ITIONS CON NOT RELATI	(B)	PREMATUR		ONSET ANO DEATH
		OF OPERATIO			FINDINGS OF OPER	RATION		20. AUTOPSY?
V	214 10015	ENT CHICK	-	1 240 5	ice of incient	210 140 150	(If in Daltin Oi	YES NO
MEDICAL	HOMICIDE	ENT, SUICID (Specify)	E.	about bome,	ACE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
-	21D. TIME OF INJURY	(Month) (Da	y) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		URY OCCUR?	
	22. I herel	v certify th	at I att	ended the		nece 19 . 1952 to	may 19, 195	Pthat I last saw the
	deceased a	live on me	an 19	1952	and that death occur	rred at 10 2 pm, fro	m the causes and on t	he date stated above.
	23A. SIGNA	TURE	~/	Nu	/ M. O.	ADDRESS	Korp.	may 19/52
2. TI	4A. BURIAL, ON, REMOVAL (CREMA- 24B Specify)	. DATE		24c. NAME OF CEMETE		2 1952	or county) (State)
	ATE RECEIVE		1	SSIGNATU		25. FUNERAL DIRECTO		ADDRESS
	WAY 25	1952	Junes	nator	Turau ,	A Serrennia III	er richtin	
	VS 150			0		1. 7.1.	Museum .	



INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

that I last saw the

Registered No.

B. COUNTY before admission)

(If outside corporate limits, write RURAL and give township) He gural, give location

If Under I Year If Under 24 Hours AGE (In years last birthday) Months Days Hours : Min.

WHAT COUNTR

ADDRESS

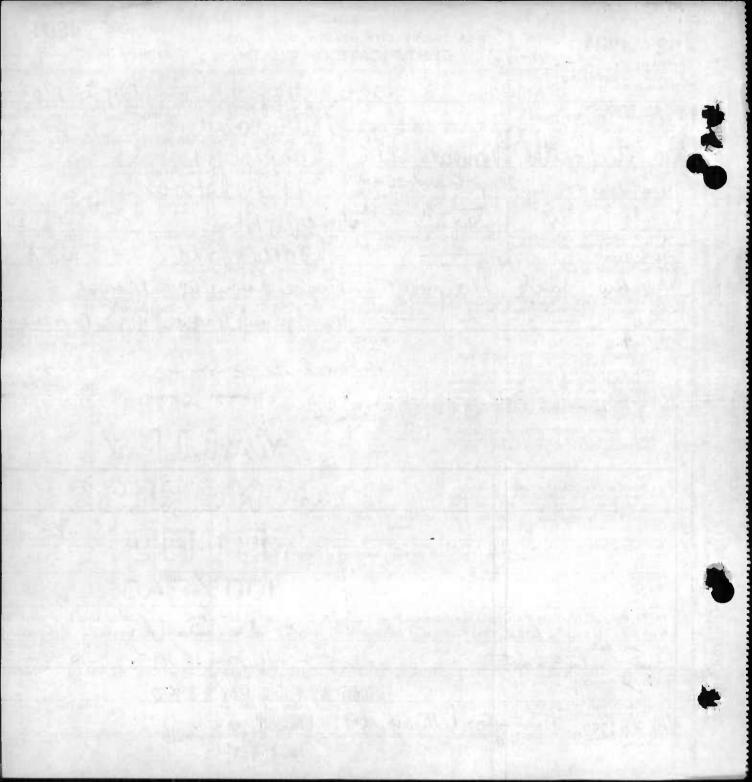
(If In Baltimore City, give exact location)

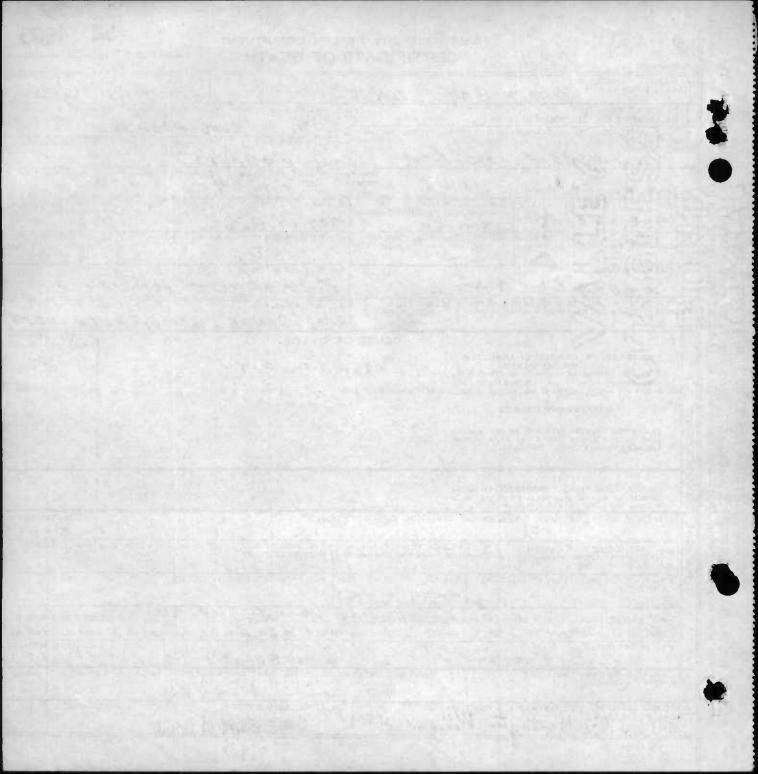
23c. DATE SIGNED

240. LOCATION (City, town, or county)

ADDRESS

VS 150





especially WRITE |

. 1952, that I last saw the 1952, and that death occurred at 4:30 Am, from the causes and on the date stated above. 238 ADDRESS 4940 Eastern Avenue 23A, SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE VS 150

See Document File 52-4906
Letter from Dr. R. S. Rogers, Asst Supt-Med.

Media Con

VS 150

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

52 4907

(Type or Pri	F DECEMBED				
(25pc of 11)	F DECEASED	becca Hicks		OF DEATH May 1-19	
A. Baltimo	re City, Maryland		4. USUAL RESIDENCE (WA. STATE Maryland	here deceased lived. If inst B. COUNTY	itution : residence before admission
HOSPITAL INSTITUTIO	Pal-imore Ci	ital or institution, give street address or Ave., location) **T Hospi+als**	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and giv
c. Length	of stay in Baltimore	Yrs. Mos. Days	baltimore City Ho	rural, give location 1940 E	astern Ave.
5. SEX	6.COLOR OR RACI	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH March 22,1882		1 Year If Under 24 Hours Days Hours Min.
10A. USUAL rork done during	OCCUPATION (Give kind most of working life, even if retire	of IOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY
13. FATHER			14. MOTHER'S MAIDEN NA	AME	1
	Samuel F		Ellen Rodgers		
(Yes, no or unki	EASED EVER IN U.S. ARM own) (If yee, give war or da	tes of service) SECURITY NO.	17. INFORMANT + imore Records: 4940 Fact	City Hospitali	ESS
18.	3314,	CAUSE	OF DEATH		INTERVAL BETWEET
	LEADING TO DE	ATH The second	onia		3days
heart	does not menn the mode fullure, asthenin, etc. It me or complication which	eans the disease,	***************************************	***************************************	
111,01	ANTECEDENT CAL	ISES			
Z O DISE	ASES OR CONDITIONS.	(B) Recent	Cerebro vascular	Accident -left	3 days
RISE	TO THE ABOVE CAUSE (A) STATING THE DUE TO			
A CA		(C)		***************************************	
E OTHE	II R SIGNIFICANT CONI				
U TO TH	E DISEASE OR CONDITION	N CAUSING IT	PATION		20. AUTOPSY?
7 9-	16-1943	Rectal Stric			YES NO 2
LYING[CIDENT WAS UNDER- OR CONTRIBUTING OF DEATH	21B. PLACE OF INJURY (e.g., i ebout home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (I otc.) INJURY OCCUR?	f in Baltimore City, give	exact location)
OF INJU	E (Month) (Day) (Yea	r) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		OCCUR?	
22. I h	reby certify that I a	ttended the deceased from 9-2	9 , 1932 to 5-	-1. , 19 52 , ti	hat I last saw th
	d alive on 5-1-	, 1952_, and that death occur	rred at 2.30AM, from ti		
	NATURE /]		23B. ADDRESS		3c. DATE SIGNED
decease 23A. SIG	6.1	MThere	WHICH MINICIPATION ATTA	COLLO. MA	
23A. SIG	L. CREMA: 24B. DATE		940 Eastern Ave. I	OCATION (City, town, or o	county) (State)
	AL, CREMA- AL (Specify)			OCATION (City, town, or	county) (State)

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If Under 1 Year

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

thereon and from

23c. DATE SIGNED

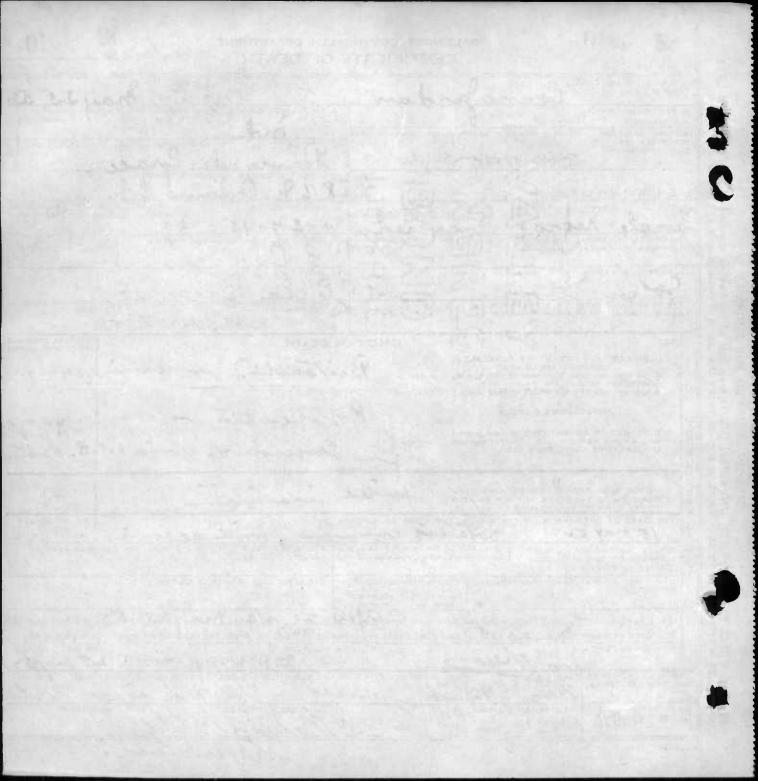
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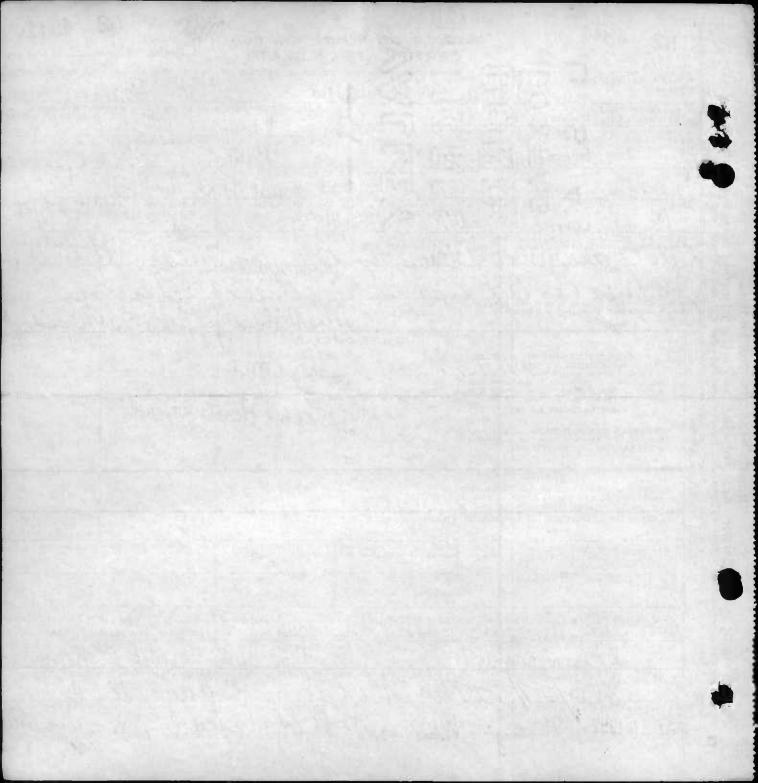
before admission)

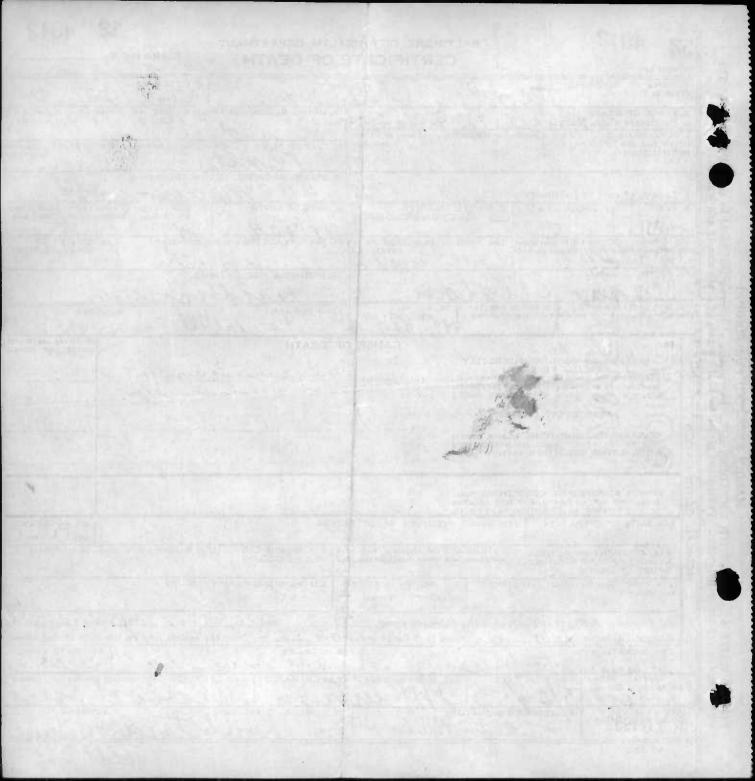
township)

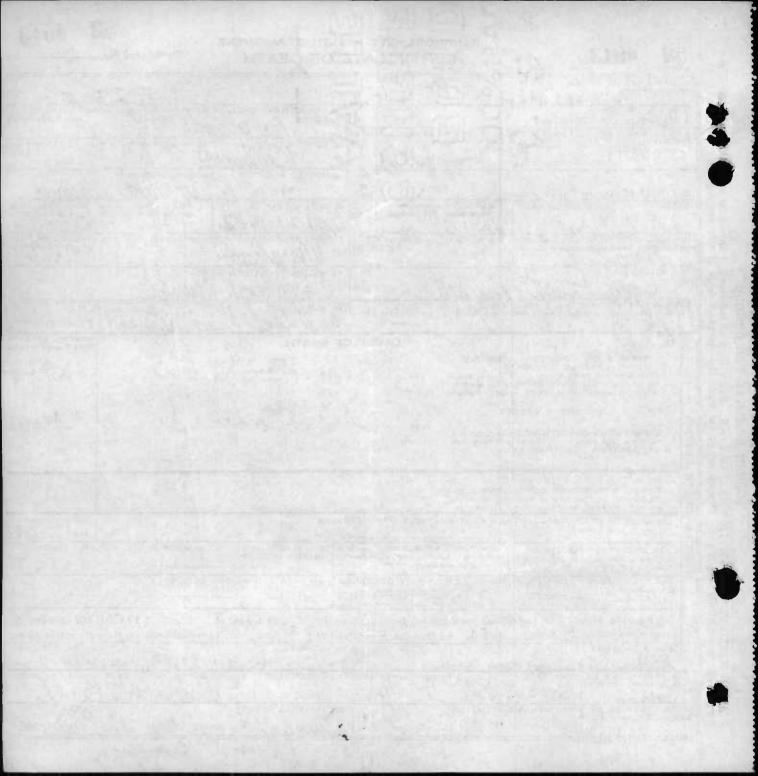
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Il Under 24 Hours

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VS 150

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52	491	4

ADDRESS

egistered No.____

E OF DEATH	Registe				
	2. DATE OF DEATH	120°	5-6	19 P-m	62
4. USUAL RESIDENCE (WI		ed. If insti	tution:	resider re admi	
C. CITY OR TOWN (If a	tside corporate	limits, wr	ite RUI		d give nship)
o. STREET ADDRESS (If re	alley	St.			
8. DATE OF BIRTHI-	9. AGE (in year last birth as	mrs If Under Months		it Under : Hours	
11. BIRTHPLACE (State or for	eign country)	12.	CITIZE		NTRY?
14. MOTHER & MAIDEN NAI	ME eds				
17 INFORMANT Little Sister	9 that	ADDR	ESS		
ombosis Colon	ay ail		ONSET		
terio Claro	Ses		4	46)
	*******************************			••••••••	***********
	***************************************	1			
RATION			YES		10
n or 21c. WHERE DID (If INJURY OCCUR?	In Baltimore (Jity, give	exact l	ocation)
ED 21F. HOW DID INJURY	OCCUR?				
11110	causes and	1952 th			
16318 Non	h ave	23	DATE /2	TE SIC	
RY OR CREMATORY 24D. LO	CATION (City,	town, or e	ounty)	(S	tate)

Kanaday Sorr 17,21 is pulled soci ertansii umin. Calledia Ball was Report Tradefile for Beach &

PLE

AGAE	BALTIMORE CITY HEALTH	DEPARTMEN
1915	CERTIFICATE OF	DEATH

52 4945

52 4915 CERTIFICAT	E OF DEATH Registered No	
BIRTH NO.		
1. NAME OF DECEASED (Type or Print) \ \ \ \ \ \	2. DATE	
Harry K. Jackson	DEATH SIZHUZ	
a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution : residence A STATE B. COUNTY before admis	
B. FULL NAME OF (If not in hospital or institution, give street address of		
HOSPITAL OR location	c. CITY/OR TOWN (If outside corporate limits, write RURAL and town	
South Saltimore General Hospital	Daltimore (25)	101113
Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore Days	251 St. Helena Ava	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years if Under 14 last birthday) Months; Days Hours	
Male White Married	2/8/95	TAR BAR
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	TDV
work done during most of working life, even if retired) Tis patther Standard Oil Co.	Y HA. WHAT COUN	HKY
13. FATHER'S NAME BULK STA.	14. MOTHER'S MAIDEN NAME	
David F. dackson	Hadles Class	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS 2 5/	
(Yes, no occumknown) (If yes, give war or dates of service) SECURITY NO.		
100 \$16-10-4361	OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	40 carders Difaction ONSET AND D	
ANTECEDENT CAUSES	Tarres Constant	
Z (8)	collier collier	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST.		

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPE		
<u> </u>		0
Z 1A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about bome, farm, factory, alreet, office bldg CAUSE OF DEATH)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHIL		
22. I hereby certify that I attended the deceased from 5 deceased aline on 5 2452 19 and that death occi-	urred at 11:15 1. m., from the causes and on the date stated a	
224 EIGNATIUME D	23B ADDRESS . 23C DATE SIG	
Dr. (.). Quenus M.D.	213 light St. Belto. 30 Md. 5/24/52	

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE

24c. NAME OF CEMETERY OR CREMATORY

25. FUNERAL DIRECTOR

(State) 24D. LOCATION (City, town, or county) MO

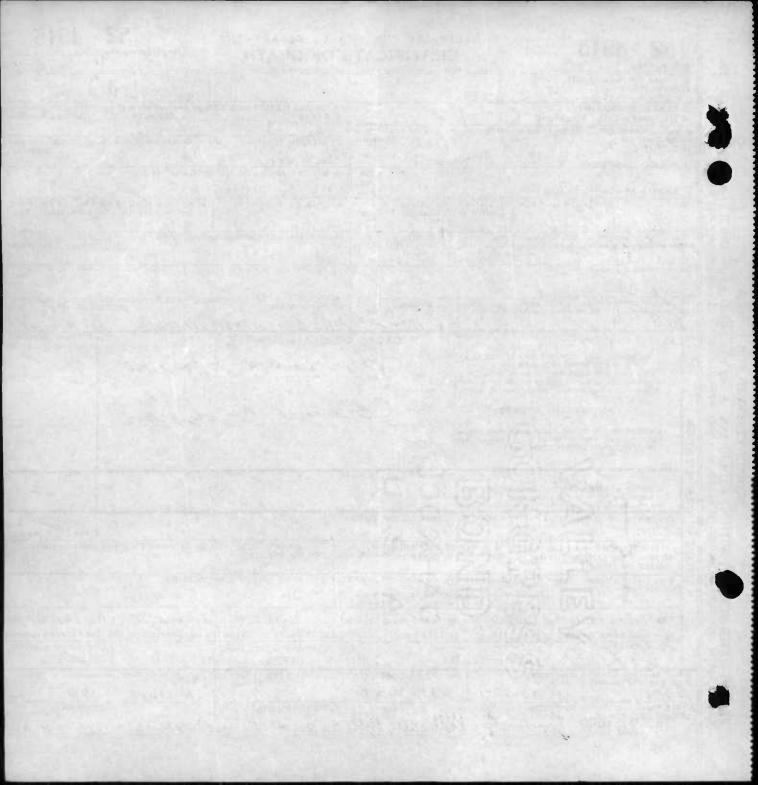
BURIAL DATE RECEIVED BY LOCAL REGISTRES MAY 26 195 untington

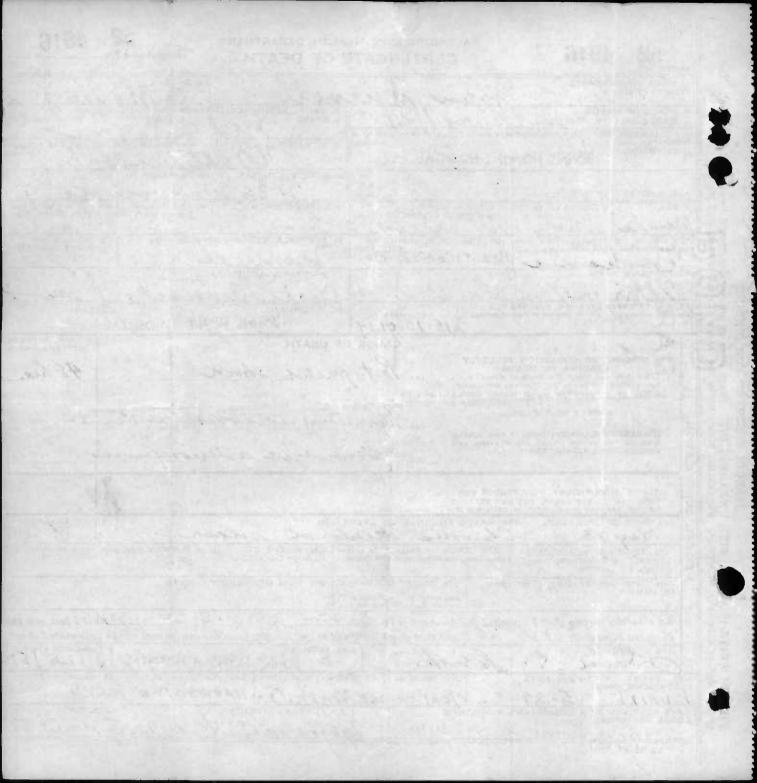
PARK WOOD

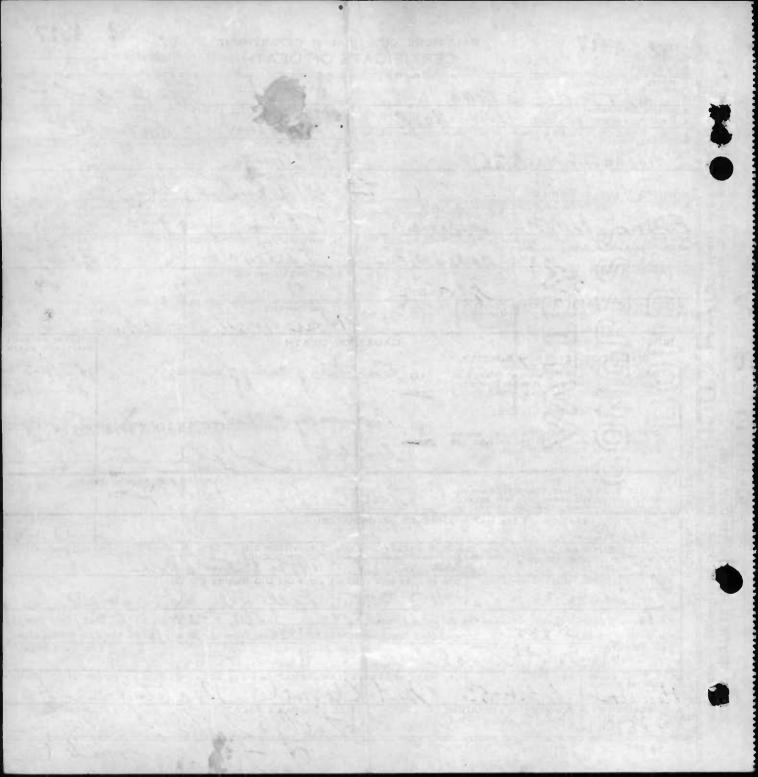
MIRULL RUB FUNERAL HOME

ADDRESS 2/12 DUNDAGE AU

VS 150







before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

23c. DATE SIGNED

ADDRESS

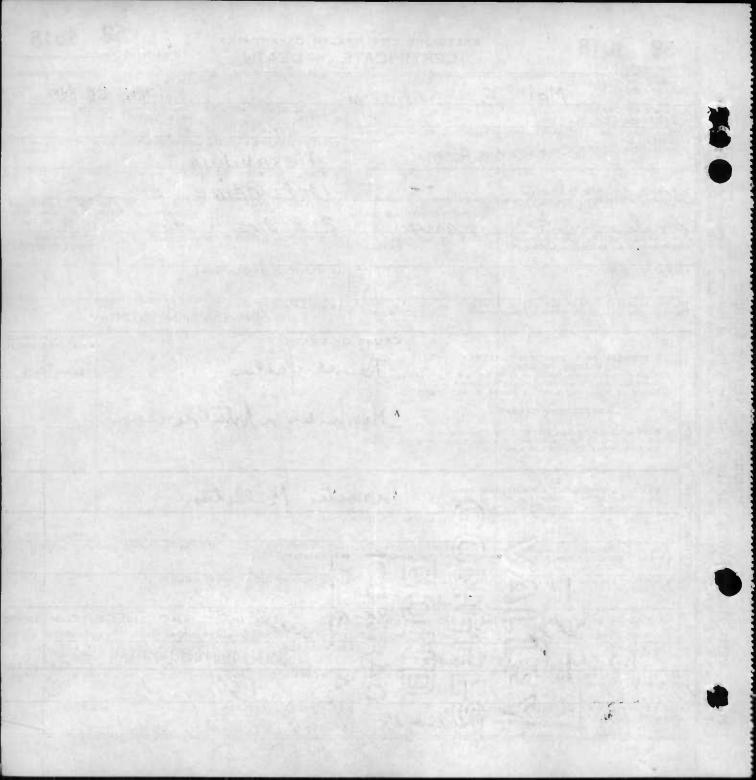
25. FUNERAL DIBECTOR

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

REGISTRAR'S



		NAME OF DECEASED MAURY DANA YMBALA	2. DATE
3		MAULY DAMA CLIMBALA	DEATH
1	3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where decease A. STATE B. Co
	В,	FULL NAME OF (If not in hospital or institution, give street address or	m &
2		SPITAL OR location)	c. CITY OR TOWN (If outside cor
		union handrial bosquil	Baltimore
20 50	14	Yrs. Mos.	o. STREET ADDRESS (If rural, give l
le c	-	Length of stay in Baltimore Life Days	7767 no. famt cos
l b	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (last bin
y 2	_	o' Male W	OCT - 30 - 1997 45
shcarl	Work	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign count
cle		none	Michigan
atic	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
IDING information should be called of death clearly and legi	V	younice Horry Cymbola	UEVA OHA
of	15 (Yes	WAS DECEASED EVER IN U. SARMED FORCES? 16. SOCIAL DO OF UNKNOWN) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT
BINDING of inform uses of dea	(200	no none	FATLE
C		18. ILQ I Y CAUSE	OF DEATH
FOR I		DISEASE OR CONDITION DIRECTLY	^
日本		(This does not mean the mode of dying, e.g., (A)	on de sucumou
Every write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	9
RESERVED INK. Ever please write			
K. Se	7	ANTECEDENT CAUSES	CESTIEIR + TO THE
ESEI INK.	TION	DISEASES OR CONDITIONS, IF ANY, GIVING	CEMPIFICATION
	4	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Hand of
MARGIN UNFADING Physicians:	RTIFIC		7/0 /
AL			OHIEF OR ASST. MEDI
MA NF hysi	11	OTHER SIGNIFICANT CONDITIONS CON-	al solver Ceo
	U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION
H.	A	2	
, WITH important.	EDICA	21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., i	
por		HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
in	Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
1		OF INJURY WHILE AT NOT WHILE	
FE PLAIS especially		m. work AT WORK	DO (A 10 4)
Dec E		22. I hereby certify that I attended the deceased from	, 19, to
TE		deceased alive on, 19, and that death occur	rrea atm., from the causes

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 4919 Registered No. 5-23-52 ed lived. If institution: residence before admission) porate limits, write RURAL and give In years H Under 1 Year H Under 24 Hours Thoday) Months Days Hours Min. 12. CITIZEN OF US AVHAT COUNTRY? ADDRESS Same INTERVAL BETWEEN ONSET AND OEATH .7 APPROVED CAL EXAMINER 20. AUTOPSY? YES -NO nore City, give exact location) __, 19___, that I last saw the and on the date stated above. 23c. DATE SIGNED 5-23-52 240. LOCATION (City, town, or county)

burial

VS 150

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

4919

BIRTH NO.

REGISTRAR'S SIGNATURE

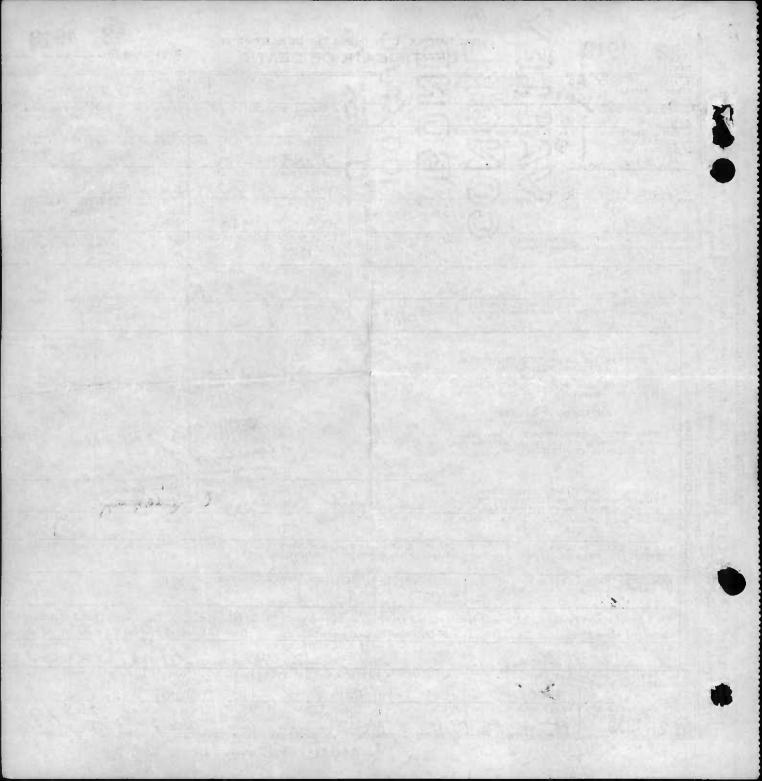
25. FUNERAL DIRECTOR IENRY SANDER &

Cemetery

24c. NAME OF CEMETERY OR CREMATORY

Oak Lawn

Baltimore. ADDRESS



The

1. NAME OF DECEASED (Type or Print)

c. Length of stay in Baltimore

IOA. USUAL OCCUPATION (Givekindof)

work done during most of working life, even if retired)

Ret. Const. Supt.

6. COLOR OR RACE

white

1S. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED

TO THE DISEASE OR CONDITION CAUSING IT.

UNDERLYING CONDITION LAST.

19A. DATE OF OPERATION

CAUSE OF DEATH

deceased alive on

23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial

OF INJURY

21A. ACCIDENT WAS UNDER-

LYING OR CONTRIBUTING

210. TIME (Month) (Day) (Year) (Hour)

3. PLACE OF DEATH: A. Baltimore City, Maryland

HOSPITAL OR INSTITUTION

5. SEX

male

13. FATHER'S NAME Richard Stolze

(Yes, no or unknown)

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BALTIMORE CITY HEALTH DEPARTMENT 4920 CERTIFICA' BIRTH NO

(If not in hospital or institution, give street address

7. SINGLE, MARRIED.

Self Emp.

WIDOWED, DIVORCED (Speci

198. MAJOR FINDINGS OF OP

21B. PLACE OF INJURY (e. g

about home, farm, fectory, street, office bld

108. KIND OF BUSINESS OR

Emil

4303 Harcourt Road

52

CERTIFICATE	OF DEATH		Registere	d No.			
Stolze			OF N	lay 2	22,	195	2
	4. USUAL RESIDEN	CE (Where d				residen re admis	
tution, give street address or location)	c. CITY OR TOWN		e corporate l	imite w	eite BIII	AT. and	daive
Road		imore	- Corporate 1)	01		shlp)
Yrs.	D. STREET ADDRESS)			
·Mos. Days	4303 Har	court	Road				
GLE. MARRIED, OWED, DIVORCED (Specify) Married	B. DATE OF BIRTH	9. Ada la	GE (in years st birthday)	Months	Days	if Under 2	
ND OF BUSINESS OR	11. BIRTHPLACE (Sta		country)	12.	CITIZI	EN OF	
lf Emp.	Germany				WHAT	COUN	TRY?
LL DMP.	14. MOTHER'S MAID	EN NAME					
	Minna Hein	е					
1 16. SOCIAL	17. INFORMANT			ADDF	RESS	430	3
204-01-9304	A Mrs. Chr	istina	Stolz	ze,	Har	cou	
CAUSE	OF DEATH				INTERV	AL BET	WEEN
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VING DUE TO	***************************************	1	***************************************				
(C)							/
(0)		***************************************		•••••		/	
CON- ATED G IT.							
OR FINDINGS OF OPER	ATION				20. A	UTOPS	5Y?
					YES	N	。
PLACE OF INJURY (e. g., in me, farm, fectory, street, office bldg., e			Baltimore Ci	ty, give	exact l	ocation	
21E. INJURY OCCURRI	ED 21F. HOW DID II	NJURY OCC	UR?				
WHILE AT NOT WHILE							
/	941 609,	10/94	2 1	9, ti	hat I l	net en	n the
he deceased from	47 7V	rom the car					
	3B. ADDRESS	-	G		3c. DA		
enger M. D.	3040 6	ula	wK	3	5/7	-3/	15
2/49. NAME OF CEMETE	RY OR CREMATORY	24D. LOCAT				,	tate)
//Parkwood 0	emetery	Baltin	ore,	Mary	land	i	

eonard J. Ruck, 5305 Harford Road.

DATE RECEIVED BY REGISTRAR'S SIGNATURE

24B. DATE

26

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22. I hereby certify that I attended the deceased from

19

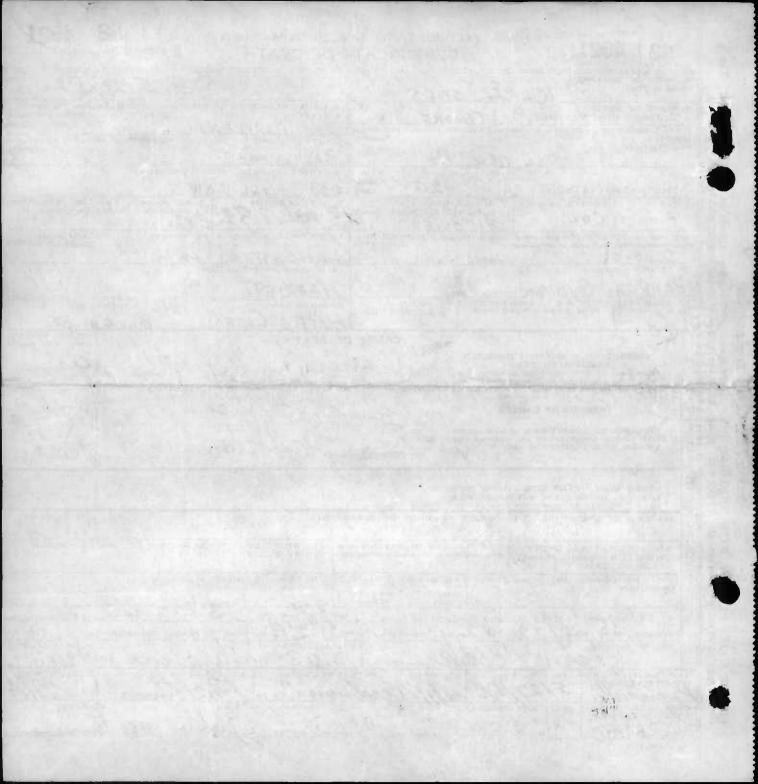
25. FUNERAL DIRECTOR

ADDRESS

VS 150

LOCAL

Dr. M. J. Bay lin 2040 Eutaw Place 4-5



VS 150

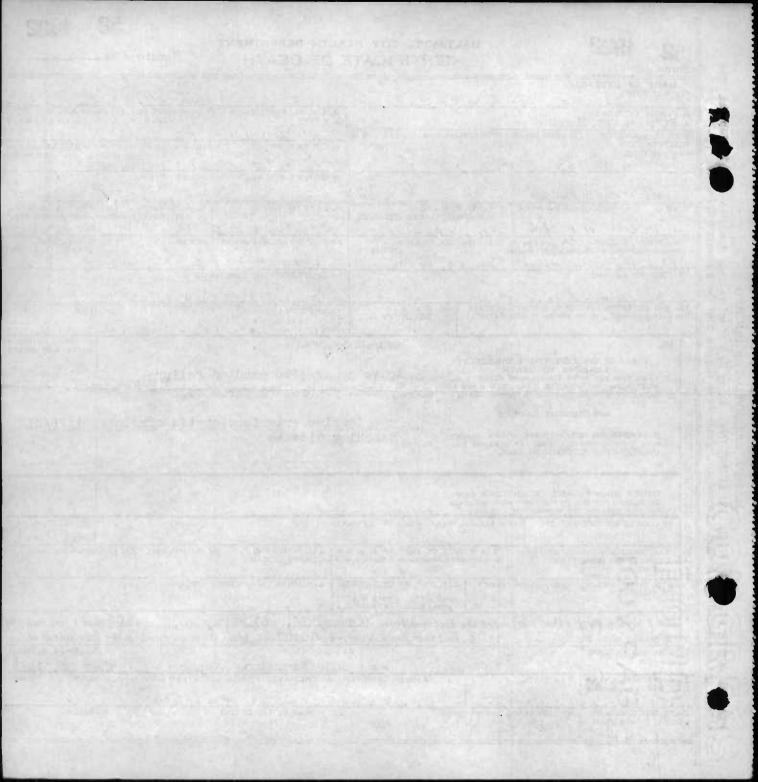
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1760	201

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52	4922			
Registered No.				

Hrs

H	5	CERTIFICATE OF DEATH Registered No.					
	BII	RTH NO.	E OF DEATH				
	1. (T ₃	NAME OF DECEASED pe or Print) Sames A. Davis	2. DATE OF DEATH Ma !	23 1952			
	3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived it inst	titution: residence before admission)			
	В. І	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location)					
		STITUTION 8 KOSSUTA ST	C. CITY OR TOWN (If outside corporate limits, w	township)			
		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	1			
		Length of stay in Baltimore 2//- Days	1 28 hossoth St.				
	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Month	of I Year If Under 24 Hours is Days Hours Min.			
	1	nale white married	Jept 26/19 55				
	work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) Penna, P. F.		CITIZEN OF			
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
		Vames Davis	Emily Rodney				
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT	RESS			
	(100	go or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Dorothy Davis - 28 Nos				
		18. 42011 I CAUSE	OF DEATH \	INTERVAL BETWEEN			
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		l dav			
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
		injury or complication which caused death.) DUE TO PRODUCT	oly coronary thrombosis				
		ANTECEDENT CAUSES Hyperte	ensive arteriosclerotic cardio	1/26/51			
	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING VASCULAR disease					
1	AT	UNDERLYING CONDITION LAST.					
	FIC	(C)		••••••••••••••••••••••••••••			
	RTIF	OTHER CICNIFICANT CONDITIONS AND					
	III	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED					
	U	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?			
	AL			YES NO			
	EDICA	21a. ACCIDENT WAS UNDER: LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., t		exact location)			
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?				
3		OF INJURY WHILE AT NOT WHILE					
		m. WORK AT WORK					
4		22. I hereby certify that I attended the deceased from Jan deceased alive on May 19 1952, and that death occur	rred at 10:00 Am., from the causes and on the				
				23c. DATE SIGNED			
				av 23. 1952			
0	24	A. BURIAL, CREMA- 24B. DATE / 24C. NAME OF CEMETE					
	1 10	N. REMOVAL (Specify) May 261952 Loydon	Park Balto	Md.			
	DA	TE RECEIVED BY REGISTRAR'S SIGNATURE	2 27	DDRESS			
		LIV OC 1000 H A LTON MAN AND CO	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	minchell			



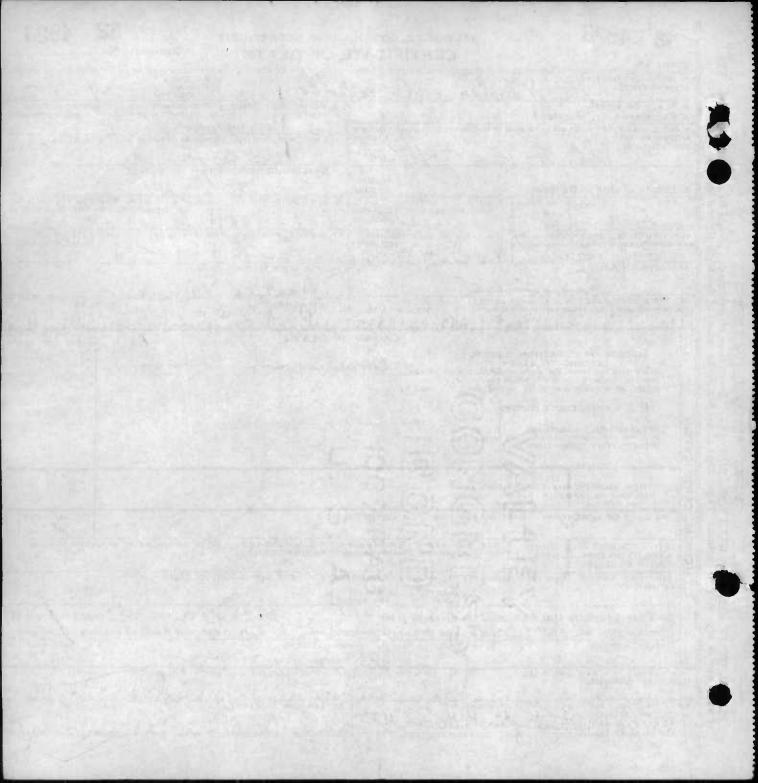
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BALTIMORE CITY HEALTH DEPARTMENT

52 4923

CERTIFICATE OF DEATH	Registered No.
BIRTH NO.	DATE
(Type or Print) Mr. Whilem Castillo	DEATH 5- 24-1952
A. Baltimore City, Maryland	e deceased lived. If institution; residence B/COUNTY hefore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or Maryland	
HOSPITAL OR INSTITUTION (If outs	side corporate limits, write RURAL and give
St. Agnes Hospital Baltin	
	l, give location)
	ne are
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. WIDOWED, DIVORCED (Specify)	AGE (In years M Under M Under 24 Hours last hirthday) Months: Days Hours Min.
male while married 8-23-1887	64
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign work damed during most of working life, even if retired).	n country) 12. CITIZEN OF WHAT COUNTRY
	unica WHAT COOKING
13. FATHER'S MAIDEN NAME	
Emmanuel Marth, M	A 1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16. SOCIAL	ADDRESS
(Yes, no or naknown) (If yes, size war or dates of service) SECURITY NO.	DALLON MADE D.
	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) Brochingania Co-	remone
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE COUSE (A) STATING THE DUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	***************************************
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CON-	
U TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Louis place of manage () Lote waters pip. (N)	YES NO L
LYING OR CONTRIBUTING about home, farm, factory, street, nffice bidg., etc.) INJURY OCCUR?	Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OC	CCUR7
OF INJURY WHILE AT NOT WHILE AT WORKS	
m. WORK AT WORK	V 1057
1 22. I hereby certify that I attended the deceased from 1	, 194, that I last saw the
deceased alive on 195 and that acath occurred as 1 m., from the	causes and on the date stated above
23A. SIGNATURE 23B. ADDRESS	5/24/5-V
24A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMETERY OR CREMA ORY 24D. LOCA	TION (Sity, town, or county) (State)
TION REMOVAL (Specify)	. (19/1 /19/10 11/1
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	MAN A NAMES
LOCAL REGISTRAR	11/16/11. (1
MAY 26 19521 Juntington Evaluation of the land	e-2435 College 21

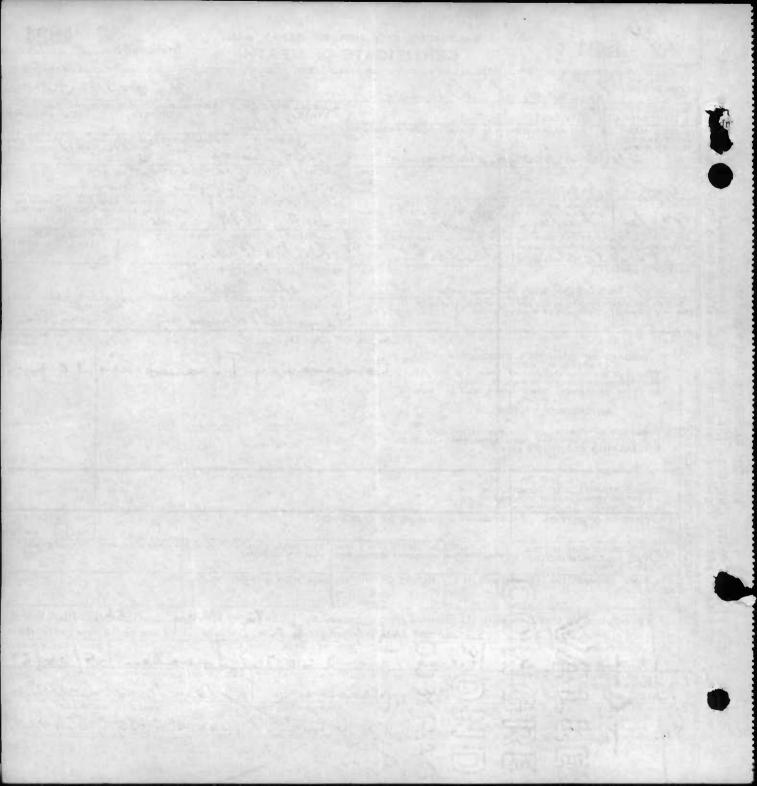


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BIRTH NO.	

BALTIMORE CITY HEALTH DEPARTMENT

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gistered	No	2013 2

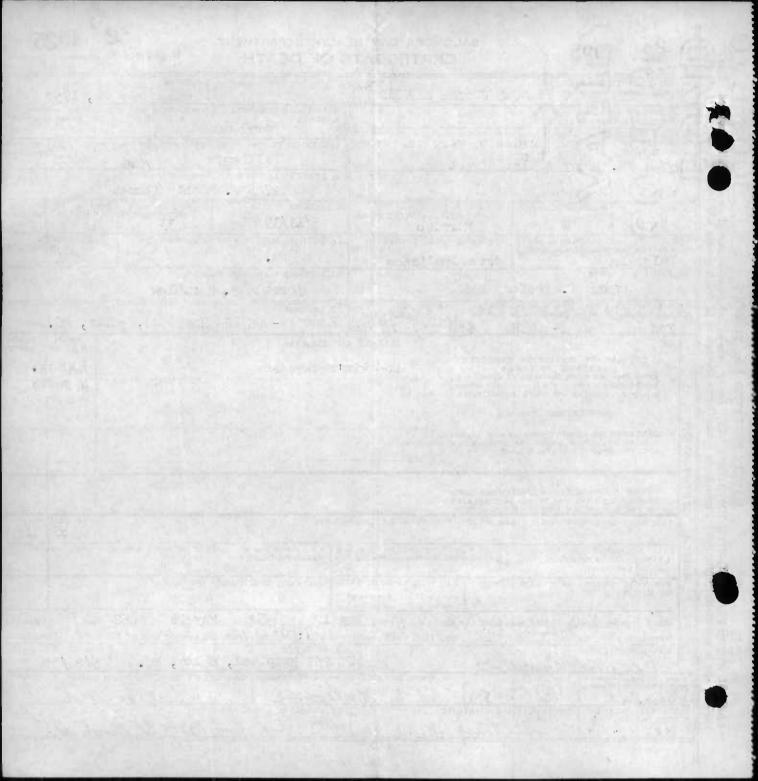
	52 4	1374		CERTIFICATI	E OF DEATH	Registered No.	
	NAME OF I	DECEASED		^		2. DATE	A
	ype or Print)	Edward	L. L	Junn		DEATH 5-24	4-52
	Baltimore	City, Maryland			4. USUAL RESIDENCE (Who	ere deceased lived. If inst B. COUNTY	titution: residence before admission)
	FULL NAME	OF (If not in hospit	tal or institut	ion, give street address or location)	That.	A Comment	A WYDAY I I
	STITUTION	413 Gro	and a	venue	C. CITY OR TOWN (If ou	itside corporate limits w	township)
13			1000	Yrs.	D. STREET ADDRESS (If rui	ral, give location)	
C.	Length of	stay in Baltimore		Mos. Days	24/3 Grog	you aven	سف
5.	Male	6. COLOR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	S. DATE OF BIRTH	9. AGE (In years # Under Month	Days Hours Min.
		CCUPATION (Give kind of		OF BUSINESS OR	11. BERTHPLACE (State or fore	ign country) 12	CITIZEN OF
WOT:	Tar	to working life, even if retired	Bal	to. City	Balto. Md.		WHAT COUNTRY?
13	FATHER'S	NAME	Δ	0	14. MOTHER'S MAIDEN NAM	1E	
	Ch	ustopher	Dun	n	amelia Eser		
15 (Ye	. WAS DECEAS	SED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
				32331171110.	Elizabeth Dun	m - 26/3/4	rogan lite.
	18. 42	1.1	OF CALL	CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION		0	71		1
1		LEADING TO DEA	of dying, e. 1		Lancary L	mendone	10
Ľ.		lure, asthenia, etc. It mer r complication which					
7		ANTECEDENT CAU	5E5	(B)			O residence
O		ES OR CONDITIONS.		1G		***************************************	***************************************
A		THE ABOVE CAUSE (A)					
Ū.				(C)		***************************************	
H		11					
ERTIFICATION	TRIBUTIN	SIGNIFICANT COND IG TO THE DEATH, BUT	NOT RELATE	ED			
Ū		OF OPERATION					20. AUTOPSY?
AL	ISA. DATE	OF OPERATION	ISB. MAJOR	FINDINGS OF OPER	ATION		YES NO
EDICAL		DENT WAS UNDER-		ACE OF INJURY (e. g., i		in Baltimore City, give	exact location)
ME	CAUSE OF	DEATH					
_	OF INJURY	(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
			m.	WHILE AT NOT WHILE AT WORK			
	22. I here	by certify that I at	tended the	deceased from	. 1946 to M	1952	that I last saw the
		alive on 5 23	1952	and that death occur	rred at 6 a.m., from the		
	23A. SIGN		0 1/			2	
	ما (my t	. (M.D.	2607 111	aslen	5/24/52
24	AA. BURIAL.	(Specify)	,	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOC	CATION (City, town, or	county) (State)
	Burio		52	Holy Red	umer Bell	air Moad.	Calle: Nd.
	ATE RECEIV	TRAR 1	Jan 11	JRE "	25. FUNERAL DIRECTOR	Q A	DDRESS . OA
	MAY 25	1052 Thurting	glon N	Misus M.D.	John C. Miller	Inc. 2435 C	. Ohrest.
	VS 150	1002	1-1-1	1.	/		THE STATE OF THE S
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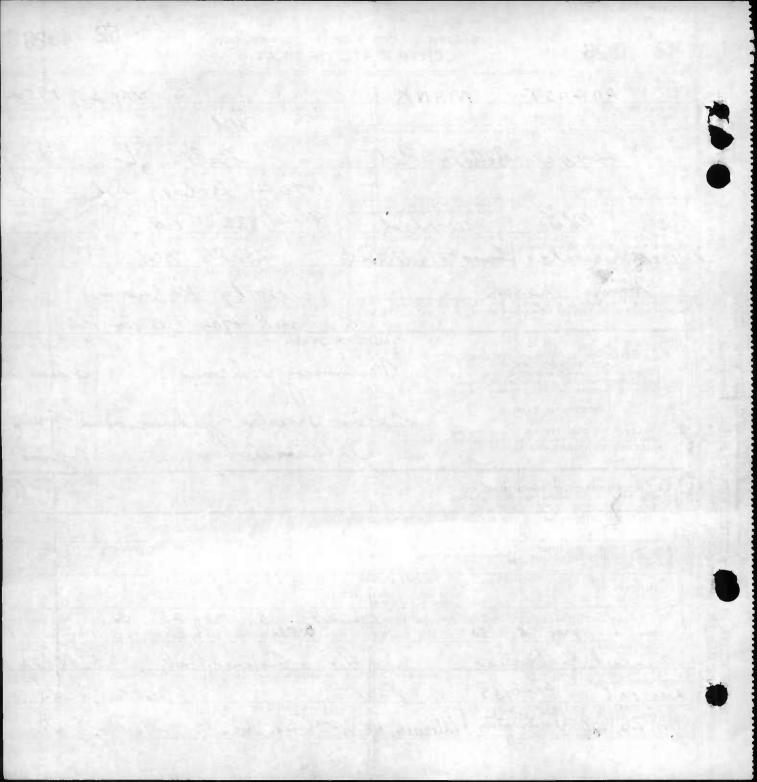


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1	52	492
	1) Fred	106

BALTIMORE CITY HEALTH DEPARTMENT

8	52 4925 CERTIFICAT	E OF DEATH Registered No.	~ ~ ~ ~ ~ ~
	NAME OF DECEASED FRANCIS JOSEPH KEEFER	2. DATE OF DEATH MAY 2	4, 1952
A	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR US Public Health Service. location Hospital Wyman Pk. Drive & 31st Street		Price RURAL and give township
-	Wyman Pk. Drive & 31st Street Yrs.	D. STREET ADDRESS (If rural, give location)	
, C	Length of stay in Baltimore ? Mos. Days	2735 W. Mosher street	
5	SEX 6.COLOR DR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify Married		er l Yeer if Under 24 Hours As Days Hours Min.
1 wo	DA. USUAL OCCUPATION (Givekind of k done during most of working life, even if retired) Salesman Home Appliance	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY
I	Joseph C. Keefer	14. MOTHER'S MAIDEN NAME Loretta F. Barthlow	
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yee, give war or dates of service) SECURITY NO. 78-9926		RESS
-		OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	n's disease	Approx.
	heart failure, asthonia, etc. It means the disease,	11-0 (220/400)	7 years
	injury or complication which caused death.) DUE TO		
Z	ANTECEDENT CAUSES (B)		
NOIF	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
FICA	UNDERLYING CONDITION LAST. (C)		
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
EDIC/	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURPOF INJURY WHILE AT NOT WHILE		
	22. I hereby certify that I attended the deceased from M	ay 12 , 1952, to May 24 , 1952, t	hat I last saw th
	deceased alive on May 24, 152 and that death occu	erred at 7:40A m., from the causes and on the	date stated above
	23A. SHONATURE	US PHS Hospital, Balto, Md.	5/24/52
2	4A. BURILL, CREMA- 24B. DATE 24C. NAME OF CEMETI	ERY OF CREMATORY 24D. LOCATION (City, town, or	
1	Aurial 3/2/52 U.S. M.	25. FUNERAL DIRECTOR	DORESS
	OCAL REGISTRAR Huntington Williams 16 To	4m Bok Sic. 1217 St. Par	est.
=	VS 150	4	
	9700		





BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

ADDRESS

1217 St. Paul Street

2. DATE OF May 23. 1952 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland c, CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 1610 Linden Avenue Days 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours; Min. WIDOWED, DIVORCED (Specify) March 9. 1908 44 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Not Employed INDUSTRY WHAT COUNTRY? Virginia 14. MOTHER'S MAIDEN NAME Mary Wright Mrs. Mary Stevens, 1610 Linden Street SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Cerebal Vascular axideni ANTECEDENT CAUSES (B) O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION EDICAL 21A. ACCIDENT WAS UNDER-218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from \$/12 . 1932 to___ 2/37 , 19 that I last saw the deceased alive on S/22 19.52 and that death occurred at 5 A m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 248. DAT Baltimore. Maryland burial Loudon Park Cemetery

DATE RECEIVED BY LOCAL REGISTRAR VS 150

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

UNFADING Physicians:

important

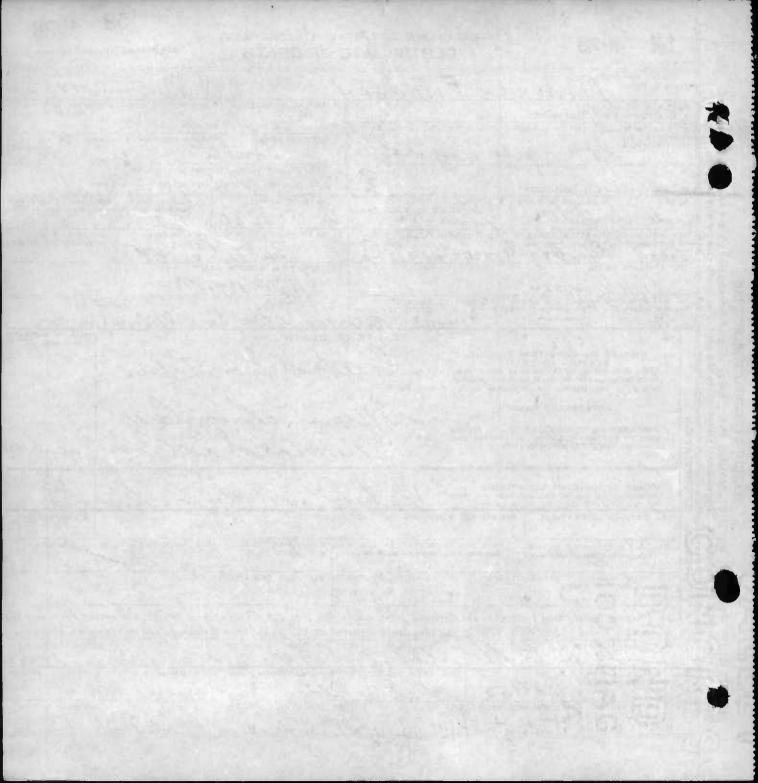
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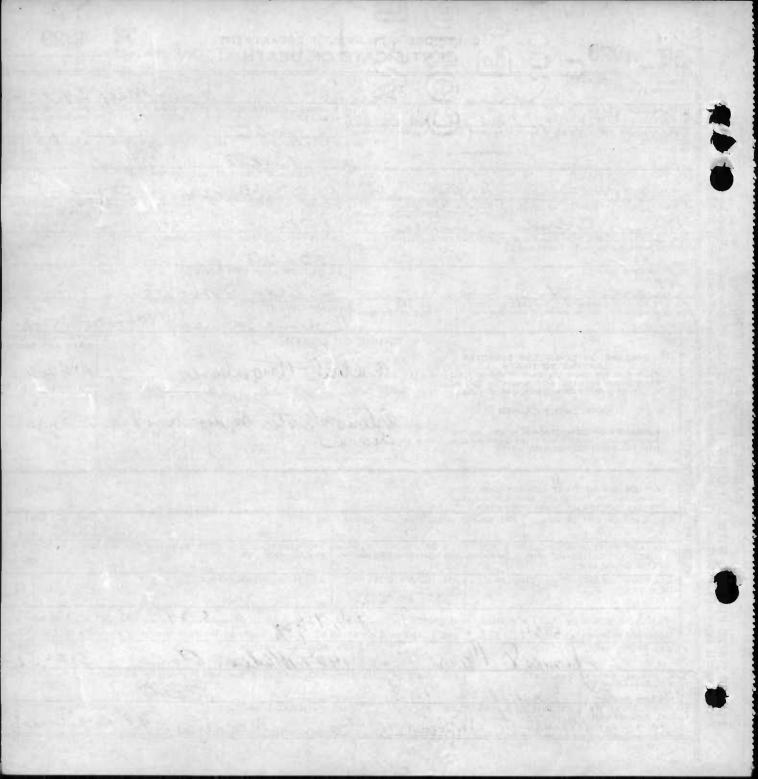
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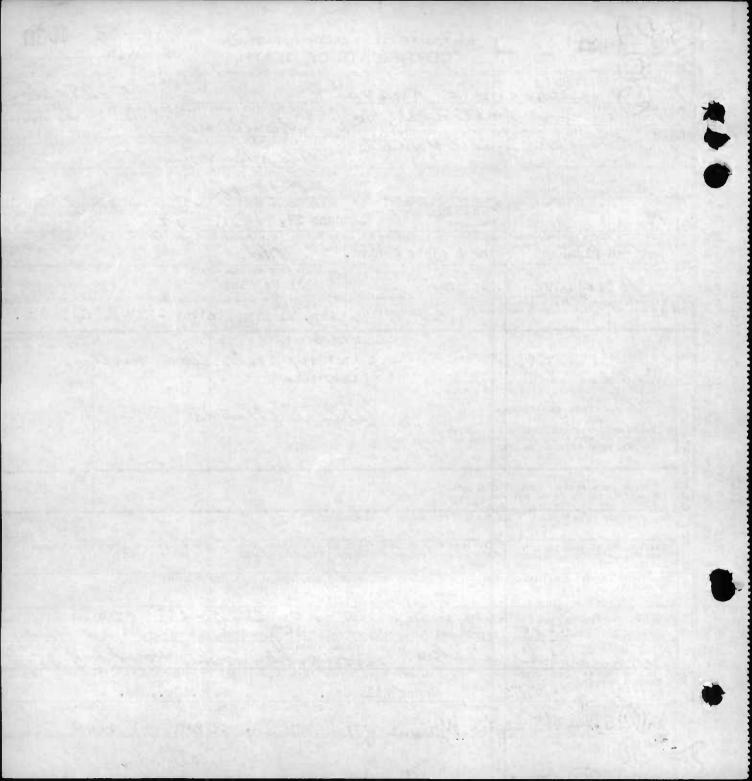
	2 17/	52 4900	
-	60 AGOS BALTIMORE CITY HE	EALTH DEPARTMENT	
	CERTIFICATI	E OF DEATH Registered No.	
	IRTH NO.		
	Sype or Print) FREDERICK FISHBAC,	4 2. DATE OF DEATH 5-23-195-	2
A	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution : residen A. STATE B. COUNTY before admin	
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN III outside corporate limits, prite RURAL an	
	St. Aguls Hospital	pacient by	pahip)
5 6	Yrs. Mos. Days	0. STREET ADDRESS (If rural, give location)	
0 5	SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify)	8. DATE OF BIRTH 9. AGE (in years it linder! Year it linder! August birthday) Months: Days Hours!	
2	rale while married	2-3-1880 72	711111
earl or	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY	NTRY?
2 2	3. FATHER'S NAME	14. MOTHER'S MAJOEN NAME	
death	(Unken more	Mahmon	
4 1:	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL. ss. no or unknown) (If yes, giva war or dates of service) SECURITY NO.	17 INFORMANT / TAO RESS	
11,	no 214-03-6906	Grag E. tisch back Wilmenston ave	
causes	18. 420.1 CAUSE	OF DEATH INTERVAL BET ONSET AND E	
the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1.8.9.1	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	was combolish	
write	injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES	unal thrombrus	
lease	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	1 0 / -	_
TAT	UNDERLYING CONDITION LAST.	lyreard eat Infeccell	n
Ian			
Physicians: pl	OTHER SIGNIFICANT CONDITIONS CON-	walnu Nub. to S	
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	RATION 1 20 AUTOPS	SY?
AL AL	ν		0
important.	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,)
ui.	21D. TIME (Month) (Day) (Year) (Hear) 21E. INJURY OCCURR	21F. HOW DID INJURY OCCUR?	
cially	OF INJURY while at NOT WHILE at WORK AT WORK		
ecis	22. I hereby certify that I attended the deceased from 5	19 13519 57 to 1 2 3 , 1952, that I last sa	w the
esbe	deceased alive on 3/23, 1952 and that death occur	rrea at 1 m., from the causes and on the date stated a	bove.
100	28A. SIGNATURE	238. ADDRESS 23c. DATE 910	SNED
2 286	4A. BURIAL GREMA- 249, DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, toly), or county	tate)
	Surial 5/27/52 Weadow	Ridge Dorosy Md.	
COPY	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS	
0	MAY 26 1952 Huntington Williams M.T.	UM Cost Suc. 1217 St. Paul ST	
	VS 150		
	57	424	



1	52 492	29			HEALTH DEPARTMEN TE OF DEATH	T 52 Registered No	~ ~ ~ ~
1. (T	NAME OF DE		olin	L. En	nis .	2. DATE OF DEATH MAL	124-1902
B.	PLACE OF DE Baltimore Ci FULL NAME C OSPITAL OR ISTITUTION	ty, Maryland	\$23 Dital or institution	give street address locati	A. STATE Bacto	(Where deceased lived. If in B. COUNTY (If outside corporate limits,	before admission
-		ay in Baltimore	Life	Yr Mo Da	S. D. STREET ADDRESS	(If rural, give location)	
	male	Color or RACI	WIDOWE	D. DIVORCED (Spec	1882 -	last birthday) Mont	hs Days Hours Min.
woz		UPATION (Give kind working life, even if retire AME		DF BUSINESS OR INDUST			2. CITIZEN OF WHAT COUNTRY
15	Charles. WAS DECEASED	EVER IN U. S. ARM	ED FORCES?) 16. SOCIAL	Lucy 1	morgan	DRESS
(Ye	s, no or unknown)	(If yes, give war or da	tes of service)	SECURITY NO	Emeline John	usm 1906 W	Codbrook &
	OISEASE (This does heart failure	E OR CONDITION LEADING TO DE, not mean the mode e, asthenia, etc. It me complication which	ATH of dying, e.g., cans the disease.	(A)	ebral throm	besis	10 days
CATION	DISEASES RISE TO TH	OR CONDITIONS, E ABOVE CAUSE (A	ISES IF ANY, GIVING STATING THE	(B)	enercleratic can	idio-varailar	-5g6s.
CERTIFI	TRIBUTING	GNIFICANT CONI TO THE DEATH, BUT SEASE OR CONDITION	T NOT RELATED				
CAL	19A. DATE OF	OPERATION	198. MAJOR F	INDINGS OF O			20. AUTOPSY?
MEDIC		ONT WAS UNDER- CONTRIBUTING DEATH		E OF INJURY (e. m,factory,street,office bl	g., is or dg., etc.) INJURY OCCUR?	(If in Baltimore City, giv	e exact location)
	OF INJURY	Month) (Day) (Yea	WH	ILE AT NOT WHO AT WO	ILE	JRY OCCUR?	
	22. I hereby deceased ali 23a. SIGNATI 4a. BURIAL, CON REMOVAL (Sp	REMA) 24B. DATE	ttended the d	eceased from	curred at 9 Jam., from 23B. ADDRESS 1427 Madia	n the causes and on the	SI 76.52
l rol	ATE RECEIVED OCAL REGISTR MAY 26 19 VS 150	BY REGISTRA 1352 Huntin	gton Wil		25. FUNERAL DIRECTO	Balls.	Address 4

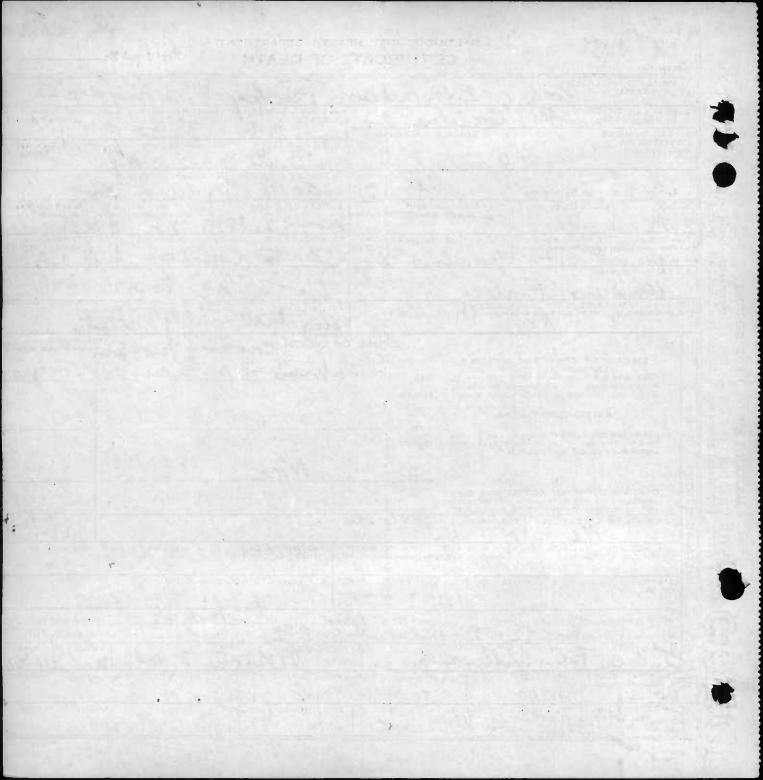


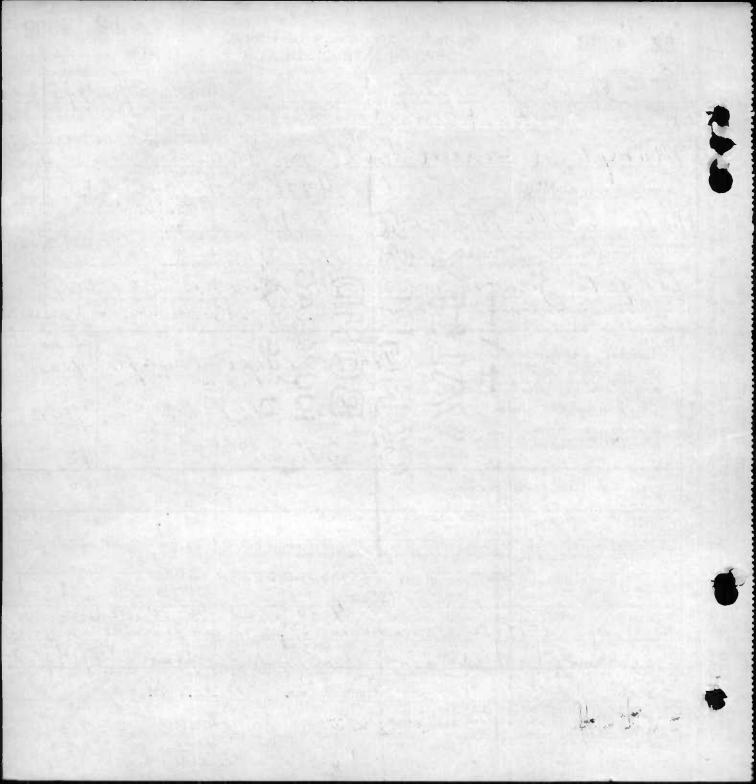
5-		6,60	330	ВА		EALTH DEPARTMEN		52	4930
The Party of the P	В	IRTH NO.			CERTIFICAT	E OF DEATH	Regist	ered No	
ed. 3	(T	NAME OF D 'ype or Print)	Scher	RER	= Augus	FF.	2. DATE OF DEATH	5-2	5-52
e. july su	A.		City, Maryland		inore Md	4. USUAL RESIDENCE	(Where deceased l		ition : residence before admission
		FULL NAME OSPITAL OR ISTITUTION	Franklin S	etal or institu	tion, give street address of Hospitalion	C. CITY OR TOWN	(If outside corpora	te limits, writ	e RURAL and give township
	c.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give locat		200
uld be	5.	M	6. COLOR OR RACE	7. SINGL	E MARRIED, WED, DIVORCED (Specify	June 27, 1873	9. AGE (In your last birthd	ears If Under I ay) Months I	Year If Under 24 Hour Days Hours Min
on sho	worl	Retired	CUPATION (Give kind of working life, even if retired Plumber		plmbg Contrs	11. BIRTHPLACE (State or Md.	foreign country)		HAT COUNTRY
VDING information should be of death clearly and le		A A	iquist	F. Sche	rer	14. MOTHER'S MAIDEN Sophia Ralling	NAME		
R BINDING em of inform causes of dez	(Ye	n, no or unknown) NONE	D FER IN U.S. ARME	D FORCES?	16. SOCIAL NONE NONE	Mrs. William S	helley - 7	07 Melv.	ile Ave.
RESERVED FO INK. Every it please write the	CATION	(This does heart failu injury or DISEASES RISE TO T	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, HE ABOVE CAUSE (A) 'ING CONDITION L	TH of dying, e. ans the disea caused deat SES IF ANY, GIVII STATING T	8., (A)	ronary occlu			NSET AND DEAT
MARGIN UNFADING Physicians:	CERTIFI	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT	NOT RELAT	ED				
HI.					FINDINGS OF OPE	RATION			20. AUTOPSY?
Y, WITH	EDICA		ENT WAS UNDER- R CONTRIBUTING		ACE OF INJURY (e. g., farm, factory, street, office bidg.,		(If in Baltimore		YES NO Cation)
	Σ	21D. TIME (OF INJURY	Month) (Day) (Year) (Hour)	21E. INJURY OCCURE WHILE AT NOT WHILE WORK		RY OCCUR?		
TE PL especia		22. I hereb	y certify that I at ive on 5-25		deceased from 3	20 ,1952 to.	5-25 the eauses and		t I last saw th
S. 8		MAD TO	URE CL	edi	his !	Franklin So	une Ho		Sale Signer
SE W	3/19	N BURIAL (S N, REMOVAL (S Burial	pecify)	52	24c. NAME OF CEMETE	0	.A. Co.,		inty) (State)
PLF	D/ LC	TE RECEIVED	BY REGISTRAR			25. FUNERAL DIRECTOR	-/-		RESS
		VS 150	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	THURLING MY		Satta	17 M	W.



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hilly up dd. The	1. (T	. PLACE OF DEATH: Sol4 C	Edm ndor CERTIFICATE Edm ndor Ndor Ndor nstitution, give street address or location)	Fin lay 4. USUAL RESIDENCE (W. A. STATE	Registered No.	before admission)
be conditions		Length of stay in Baltimore SEX 6.COLOR OR RACE 7.5	Yrs. Mos. Days	5014 CASE DATE OF BIRTH	9. AGE (In years) If Under	
information should be	13	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) A. FATHER'S NAME G. WAS DECEASED EVER IN U. S. ARMED FOR		11. BIRTHPLACE (State or for Balls Con 14. MOTHER'S MAIDENNA LUZA M.	last birthday) Months: reign country) 12. ME Cot 50	Days Hours Min. CITIZEN OF WHAT COUNTRY 14 Cordelia ave
Every item of in write the causes	(10	18. # 20 / I DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy) heart failure, asthenia, etc. It means the injury or complication which caused	CAUSE (CAUSE (CA	Chizabelt to DE DEATH COLO NA Celerio - Se	inter hulle	10 ys
INK.	FICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.		V		
UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED	17712.		
lee!	EDICAL	19A. DATE OF OPERATION 19B. M	B. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If	in Baltimore City, give	20. AUTOPSY? YES No Peract location)
RITE PLA	MED	21D. TIME (Month) (Day) (Year) (Hou OF INJURY) 22. I hereby certify that I attended deceased alive on the 22 19. 23. SGNATURE	m. WHILE AT NOT WHILE AT WORK AT WORK Of the deceased from And that death occur	21F. HOW DID INJURY	52 4, 19_, th e causes and on the de	at I last saw the atc stated above.
PLM E W	D.	4A. BURIAL, CREMA- ON, REMOVAL (Specify) Burial 5/27/52 ATE RECEIVED BY REGISTRAR'S SIG	24c. NAME OF CEMETER Loudon Par		CATION (City, town, or ed	DRESS
	=	MAY 26 19527 Juntinglon VS 150	- Williams, M. !	1 1 8	Batto 17,	md.





VS 150

20. AUTOPSY YES (If in Baltimore City, give exact location) . 1952 that I last saw the 30 m., from the causes and on the date stated above. 23c. DATE SIGNED 25/5 24. LOCATION (City, town, or county)

25,1952

before admission)

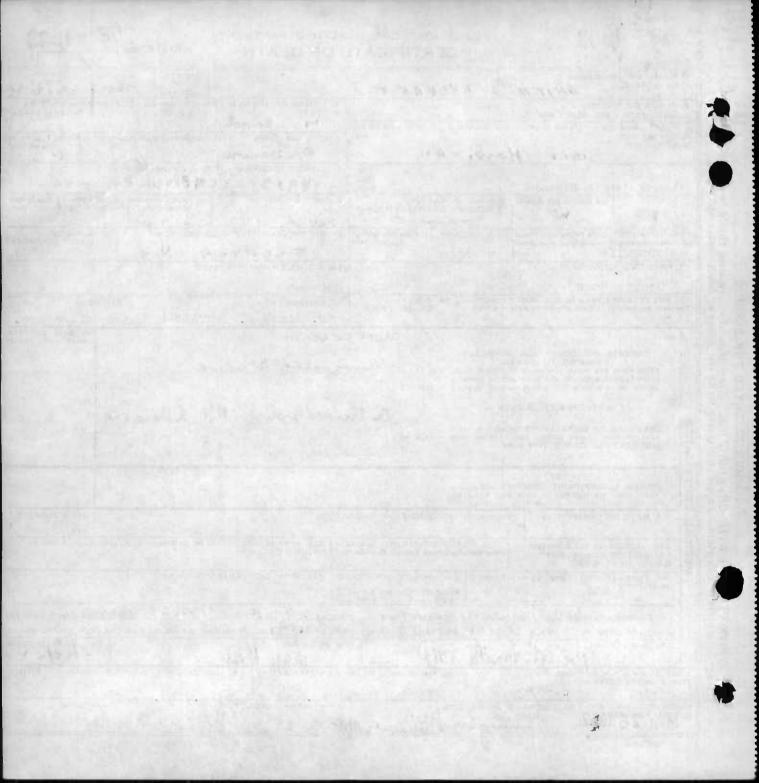
12. CITIZEN OF WHAT COUNTRY?

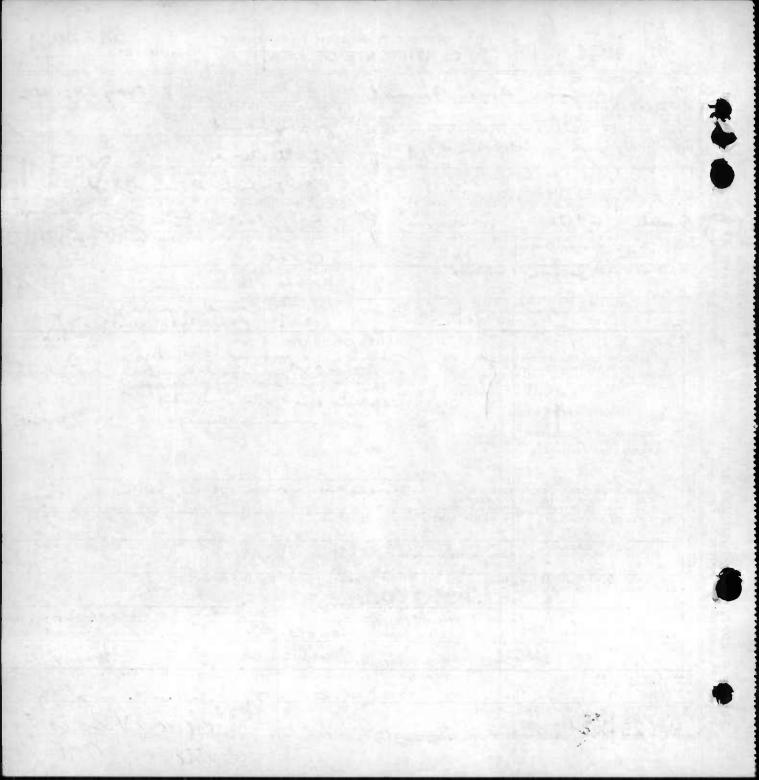
INTERVAL BETWEEN

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12. CITIZEN OF

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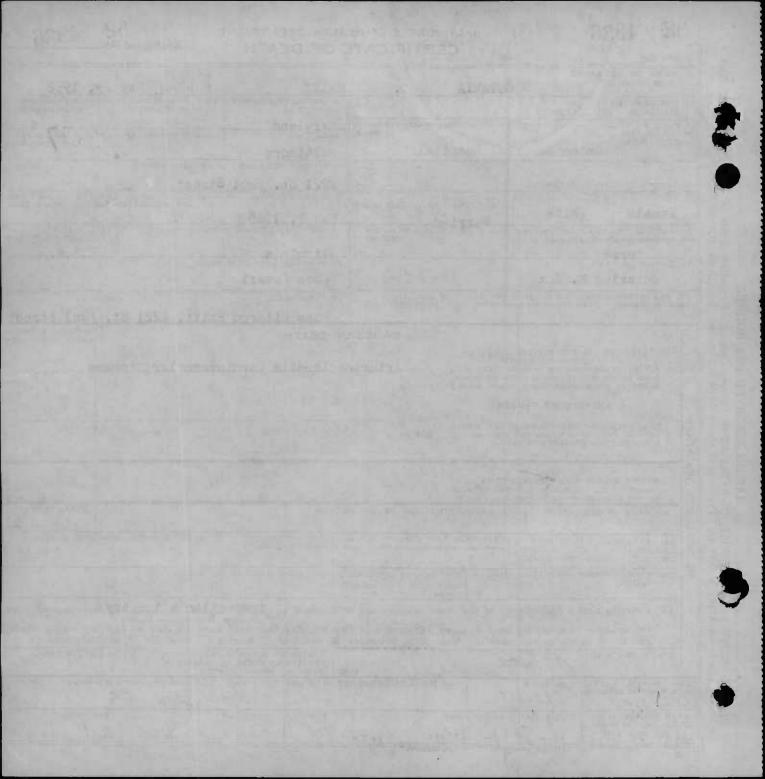
NOT A MEDICAL EXAMINER'S CASE

Julanle Dunlande

M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

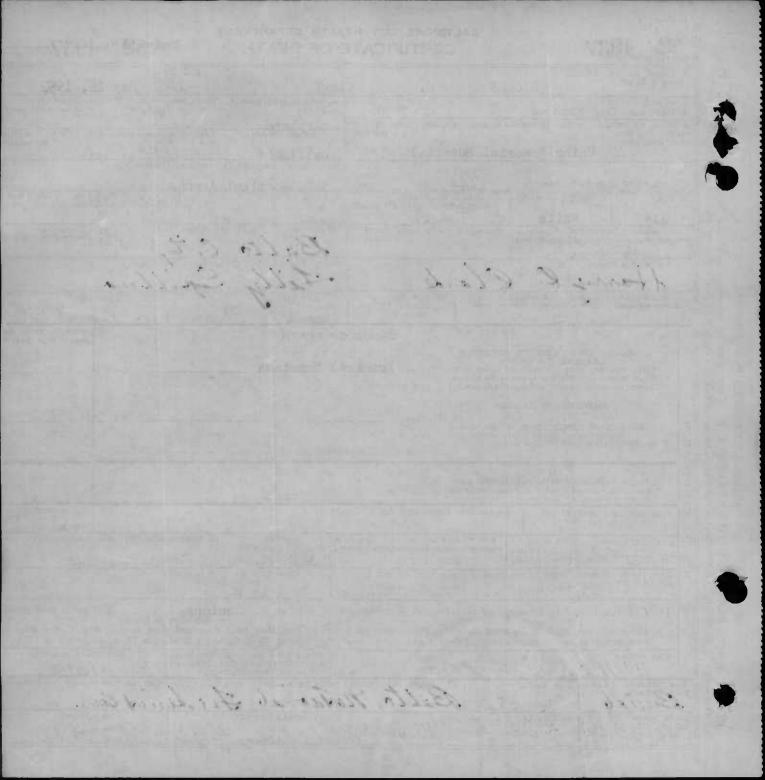
30049	36		TIMORE CITY HE		MENT	52	4936
BIRTH NO.			CERTIFICATI	E OF DEAT	H Reg	istered No	
1. NAME OF D (Type or Print)		OCTAVIA	C.	RAITT	2. DATE OF DEATH	May 25	, 1952
3. PLACE OF D	EATH: City, Maryland			4. USUAL RESID	ENCE (Where decease	d lived. If insti	tution: residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit		on, give street address or location)	Maryland c. CITY OR TOWN	(If outside corp	orate limits) wr	ite HURAL and giv
	Union Memor	ial Hos	Yrs.	Baltimore D. STREET ADDR	ESS (If rural, give lo	ocation)	
c. Length of s	tay in Baltimore		Mos. Days	2221 St. P	aul Street		
5. SEX Female	6. COLOR OR RACE		, MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRT	last bir	n years 11 Under thday) Months	Year It Under 24 Hours Days Hours Min.
work done during most	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign countr		CITIZEN OF WHAT COUNTRY
13. FATHER'S				Virginia 14. MOTHER'S MA	LIDEN NAME		U.S.A.
Octav:	ius H. Cox		A THE PERMIT	Cora Cowa	rt		
15. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDR	ESS
(100, 100, 100, 100, 100, 100, 100, 100,			SECONTI NO.	Miss Mild	red Raitt. 2	221 St.	Paul Street
RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVIN STATING TH					
TRIBUTING	II BIGNIFICANT CONDI B TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	D				
U 19A. DATE C	OF OPERATION I	9B. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	218. PLA about bome, fa	CE OF INJURY (e. g., in rm, factory, etreet, office bldg., e	or 21c. WHERE I		ore City, give	exact location)
21D. TIME OF INJURY	(Month) (Day) (Year)	W	HILE AT NOT WHILE	ED 21F. HOW DIE	NINJURY OCCUR?		
the ev	idence obtained by	said Auto	remains described a psy, Inspection or I rom: natural eauses	nquiry, find that	Autopsy, Inspection of said deceased di	ed on the d	ay stated above
23A. SIGNA	TURE R8	Fast	Re M	23B. CHIEF M ASSISTANT M D. MEDICAL INV			ATE SIGNED
24A. BURIAL. TION. REMOVAL (S CREMATION	Specify) = /0//		4c. NAME OF CEMETE	RY OR CREMATORY	WAS HINGTON		ounty) (State)
DATE RECEIVE LOCAL REGIST		SIGNATU	RE	25. FUNERAL DIE		AD	obress
WE LO I	- Twelve	the V	HULLOW MY	0			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Register No. 4607

	RTH NO.			LERIFICA	(IE	OF DEATH		23	001
	NAME OF DECEASED						2. DATE OF	1	
		GEOR	JE	R.	CLA	RK	DEATH	May 24,	, 1952
	PLACE OF DEATH: Baltimore City, Man	ryland				STATE	B. COUNT		before admission)
HC	SPITAL OR	not in hospital	or institutio	n, give street addres		Maryland CITY OR TOWN	(If outside corporate	limits, writ	
	STITUTION Unic	n Memori	ial Hos	pital		Baltimore	13-	06	township)
			1.2		rs. D.	STREET ADDRESS (If rural, give locatio	n)	~
-	Length of stay in B		life	Da	ays	3400 Chestnut			
			7. SINGLE. WIDOWE	MARRIED, D. DIVORCED (Spe		DATE OF BIRTH	9. AGE (In year last birthday		Year Il Under 24 Hours Days Hours Min.
	Male What occupation	nite	50 KIND	OF BUSINESS OF		BIRTHPLACE (State of	r foreign country)	112 0	ITIZEN OF
	dont during most of working life		IOB. KIND	INDUST	TRY	13. 1 to	10 mg		VHAT COUNTRY?
13	FATHER'S NAME	er 1	.e.	TRUCKIN		MOTHER'S MAIDEN	NAME NAME		
	Harry	R: 6	Plan	6		Filler	Sx:11	William.	
	. WAS DECEASED EVER IN	U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO	17	INFORMANT	7-0.6-10-	ADDRE	SS
(16	WWIT	11 nov 42		SECORITY	· [Frank B Cl	ask 3416	. Ken	wich Rd
	18. E903. 4	26	oct 44.	CAUS	SE OF	DEATH			NTERVAL BETWEEN
	DISEASE OR C	ONDITION D							
	(This does not mean heart failure, astheni	n the mode of	dying, e. g.		dural	Hematoma	*****************************		
	injury or complicat								
	ANTECE	DENT CAUSE	s						
Z	DISEASES OR CON					***************************************	***************************************		• • • • • • • • • • • • • • • • • • • •
E	UNDERLYING CO			(C)					
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RTIFICATION	OTHER SIGNIFICA								
ER	TRIBUTING TO THE								
U	19A. DATE OF OPERA	TION 19	B. MAJOR	FINDINGS OF O	PERATI	ON			20. AUTOPSY?
AL	21a. EXTERNAL CAU	SE WAG I	21B. PLAC	CE OF INJURY (e.	g., in or	21c. WHERE DID	(If in Baltimore C		ves No No xact location)
i	UNDERLYING A OR	CONTRIB-	about home, far	m.factory.street.officeb	oldg.,etc.)	34th Street	end Chastna	art Agray	13/6
M	21D. TIME (Month)			IE. INJURY OCCU	JRRED	21F. HOW DID INJU		IC AVEL	rue /
	OF INJURY 5/23/5	2 7:00		HILE AT NOT WE	HILE TORK	Fell to flo	oor		
	22. I certify that I	took charg				e, held an	utopsy		ereon and from
	the evidence of	tained by s	aid Autop	sy, Inspection	or Inqu	uiry, find that said	y, Inspection or Inquiceased died o	n the day	y stated above,
	and death in n	y opinion r	esulted fr	om: natural car	uses [] <u>, accident ⊠, suicid</u> 23s. CHIEF MEDICA			ermined
	1/////	1 St	WALLE OF		мр	ASSISTANT MEDICA MEDICAL INVESTIG	L EXAMINER		21,/52
24	A. BURIAL, CREMA- 2	4B. DATE	2.	NAME OF CEM			LOCATION (City,	town, or cou	inty) (State)
	Burlal	may/2	8,1952 6	Sallo,	160	Vernal 3	Listère.	4-Com	
D/ LC	TE RECEIVED BY R	EGISTRAR'S			25	FUNERAL DIRECTO	R	ADD	RESS
	MAY 26 1952	1) with	ngton	Vithaus 1	Hay	el Elehenowet	Sh 3615-176	hestro	to Auc.
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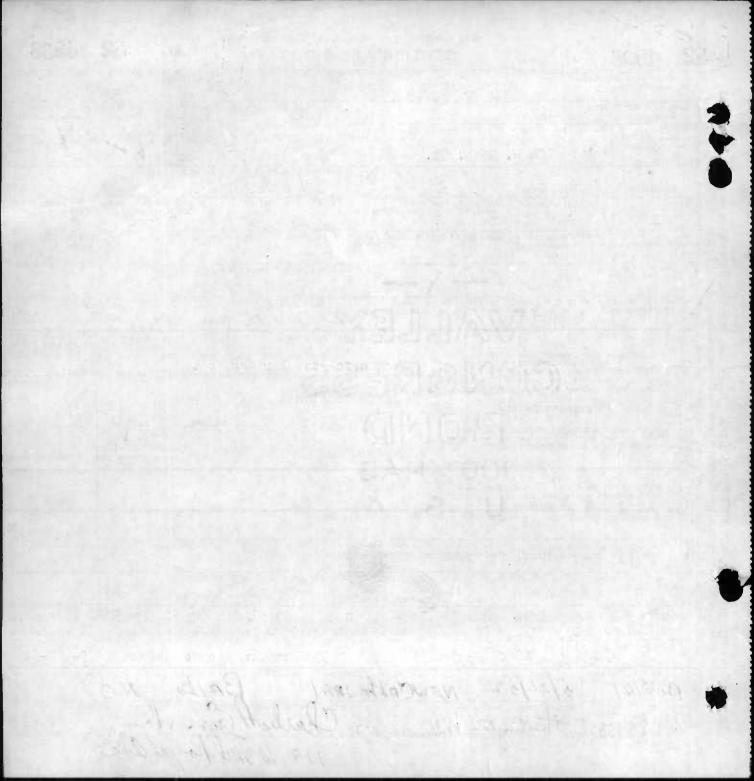


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PL. WITH UNFADING INK. Every item of information should be in the surfied. The	please write the causes of death clearly and legger.
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UNFADING	Physicians: p
WITH.	important.
PL.	pecially

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered N2_ 4938

1. NAME OF DECEASED (Type or Print) JA	MES FRANCIS		2. DATE OF DEATH	y 22, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital	l or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence and selected an		
HOSPITAL OR INSTITUTION 404 W.	C. CITY OR TOWN (If outside corporate Umits, write RURAL and gi Baltimore, 18 Maryland D. STREET ADDRESS (If rural, give location) 404 W 28th Street			
c. Length of stay in Baltimore				
			9. AGE (in years)	Under Year Il Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, eyon if retired)	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN N.	AME		
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT landlady Mrs. An	nie Haines	DDRESS 404 W 28th St
18. 33/%		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the mode of	dying, e.g., (A) Coreb	ro-vascular accid	ent	l day
heart failure, asthenia, etc. It mean injury or complication which ca	used death.) DUE TO	tension		?
ANTECEDENT CAUSE				
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS	ANY, GIVING			
ONDERLYING CONDITION EAS	(C)			
OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION	IOT RELATED			
, 19A. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	218. PLACE OF INJURY (e. g., in about home, farm, factory, atreet, office bldg., t		f in Baltimore City, a	give exact location)
21D. TIME (Month) (Day) (Year) (OF INJURY			OCCUR?	
	m. WHILE AT NOT WHILE AT WORK		75	0
deceased alive on Way 2]	nded the deceased from Jal, 1952, and that death occur			Athat I last saw the
23A. SIGNATURE		38. ADDRESS 2431 Maryland Av		23c. DATE SIGNED
24A. BURIAL. CREMA- 24B. DATE TION REMOVAL (Specify) 5/26/5	2 NAME OF CEMETE 2 NEW CALKER	1 1 1 1	CATION (City, town,	or county) (State)
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR Huntin	ston Williams M.		sque von	ADDRESS
VS 150	0	118 W. Mc	Royal and	2



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Н	BIRTH NO.
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH CEASED 1. NAME OF (Type or Print) 2. DATE Mabel A.Brewer May 24th., 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Maryland B. FULL NAME OF HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write BURAL and give 2I00 E.Biddle Street INSTITUTION Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 1630 N.Washington Street Mos c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months; Days | Hours | Min. April 6,1899 Female White Married 53 18 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
HOUSEWITE INDUSTRY WHAT COUNTRY? Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew Ferguson Mary V. Bouldin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yos, give war or dates of service)
None (Yes, no or unknown) SECURITY NO. Mr.Robert R.Brewer-I630 N.Washington St. INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. IL. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION DICAL NO 218. PLACE OF INJURY (e. g., In or

21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR?

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

WHILE AT NOT WHILE

22. I hereby certify that I attended the deceased from. 1952, and that death occurred at. deceased alive on

AT WORK , 1947, to_ Pm., from the causes and on the date stated above.

2:	SASIGN	ATURE	h.	Rul	A-4
	DUDIAL	CREMA	2.40	DATE	_

24c. NAME of CEMETERY OR CREMATORY

23B. ADDRESS

23c. DATE SIGNED 24D. LOCATION (City, town, or county)

192 4that I last saw the

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

May 27th. 1952 Oaklawn Cemetery

WORK

Eastern Ave. Balto: Co.Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS George J.Ruth, Inc. -1735 vHarford Avenue

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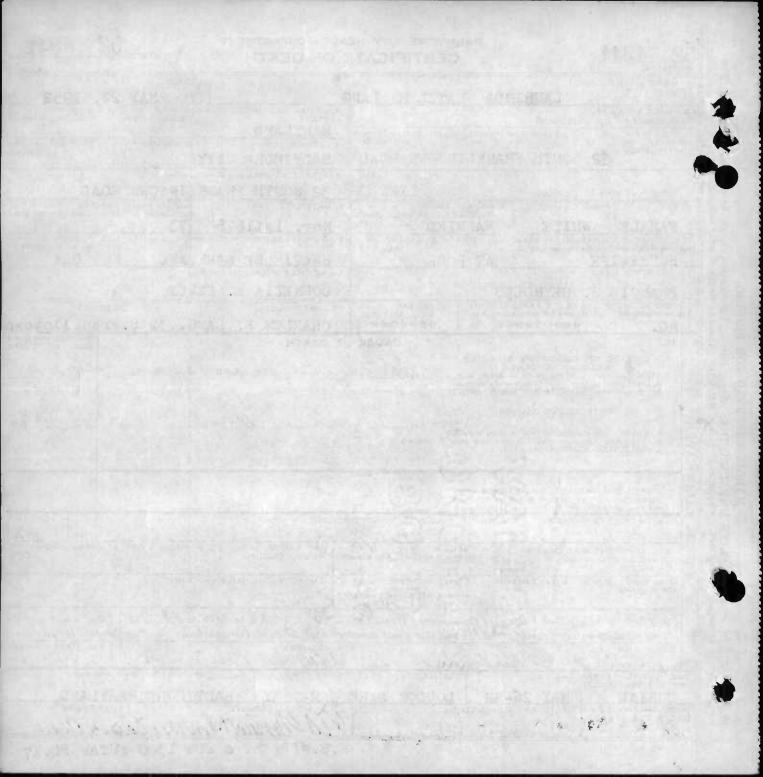
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John Lagnushy (Santataguada) St Agres Hospite THE BEEL SETTLES and the same of the same Wants Bright Street They I have been blessed nancial contents the target of the content of the Journe A. Joshi, Inn. - Iv. in Joseph avenue

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B	RTH NO.			CERTIFICAT	E OF DEATH	Register	eu Mo
-	NAME OF D	ECEASED				2. DATE	
	'ype or Print)	LAURI	TNDA 1	BATZLER LAN	ra a	OF DEATH MA	Y 22, 1952
3.	PLACE OF D		LIIDA	TATODIAL DAN	4. USUAL RESIDEN		ed. If institution: residence
A.	Baltimore (City, Maryland			A. STATE	B. COUNT	Y before admission)
	FULL NAME OSPITAL OR	OF (If not in hospi	ital or institu	tion, give street address or location)		(75 -utrilo composito	1
	STITUTION	32 SOUTH H	THE ANTES	INTOWN ROAD	C. CITT OR TOWN		limits, write RUTAL and give township)
<u>, </u>	3-12	JE BOUTH I	TOMMAL.		BALTIMORE	CITY (If rural, give location	0
1				Yrs.	D. STREET ADDRESS		
100000		tay in Baltimore		LIFE Mos.	76 70 000	FRANKLINTOW	
5.	SEX	6. COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In yea last birthday	rs If Under 1 Year If Under 24 Hours Months: Days Hours Min.
	FEMALE	WHITE	MARI	RIED	Nov. lstl	878 73	
		CUPATION (Give kind o		O OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF
WOI	HOUSEW!	of working life, even if retired T 교육		INDUSTRY HOME	BALTIMORE	MARVIAND	WHAT COUNTRY?
13	FATHER'S		1 10	NO WIE	14. MOTHER'S MAID		ODA
	DD AN GT	a a Demonia	7.70				
1.5		S S. REYNOI		Lie coolii	CORNELIA	E. N.E.L.L.I	
(Ye	s, oo or uokoowo)	ED EVER IN U. S. ARME (If yes, give wer or det	tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO.	****	***	****	CHARLES H	. LANG32	S. Franklintown
	18. 421	1.1		CAUSE	OF DEATH		ONSET AND DEATH
	DISEAS	SE OR CONDITION		A	, ,		. //
	(This does	LEADING TO DEA		" Wironar	y artery die &	are - occhie	ens 6 his.
	heart failu	re, asthenia, etc. It me	ans the diseas	se,			
1	mjury or	complication which	caused death	u.) DUE 10			
11							
		ANTECEDENT CAU	ISES	G.	his beck	na-	10 days
NO	DISEASE			NG (B) any	puà pect	n-	10 days
TION	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A)	IF ANY, GIVII	NG	ma pect	n.	10 days
CATION	RISE TO T	S OR CONDITIONS,	IF ANY, GIVII	NG	ma jech	~	10 days
FICATION	RISE TO T	S OR CONDITIONS, HE ABOVE CAUSE (A YING CONDITION L	IF ANY, GIVII	HE DUE TO	ma jech	خد	10 days
RTIFICATION	RISE TO T	S OR CONDITIONS, THE ABOVE CAUSE (A) VING CONDITION L	IF ANY, GIVII) STATING T .AST.	NG HE DUE TO (C)	puà jech	خد	10 days
ERTIFICA	OTHER S	S OR CONDITIONS, HE ABOVE CAUSE (A: YING CONDITION L II SIGNIFICANT COND TO THE DEATH, BUT	IF ANY, GIVII) STATING T AST. DITIONS CO	NG HE DUE TO (C)	ma pet	خد	10 days
RTIFICA	OTHER S TRIBUTING	S OR CONDITIONS, HE ABOVE CAUSE (A: YING CONDITION L II BIGNIFICANT COND 3 TO THE DEATH, BUT IISEASE OR CONDITIO	IF ANY, GIVII) STATING T AST. DITIONS CO I NOT RELAT IN CAUSING	NG		خد	10 days
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CERTIFICA	OTHER S TRIBUTING TO THE D 19A. DATE C	S OR CONDITIONS, THE ABOVE CAUSE (A: YING CONDITION L SIGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION OF OPERATION	IF ANY, GIVII) STATING T AST. DITIONS CO F NOT RELAT N CAUSING 19B. MAJOR	NO (C)	RATION	(If in Baltimore C	
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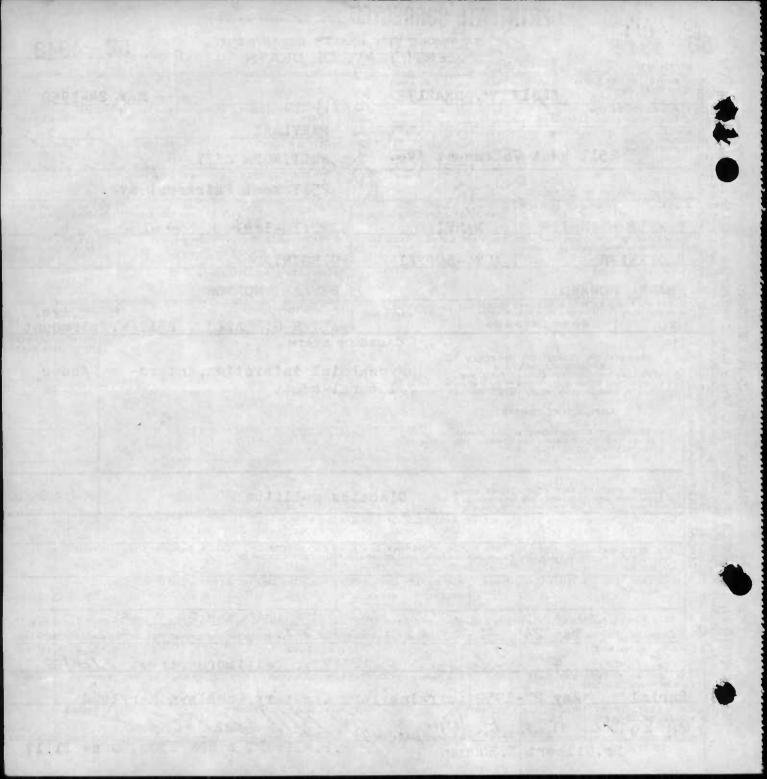
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

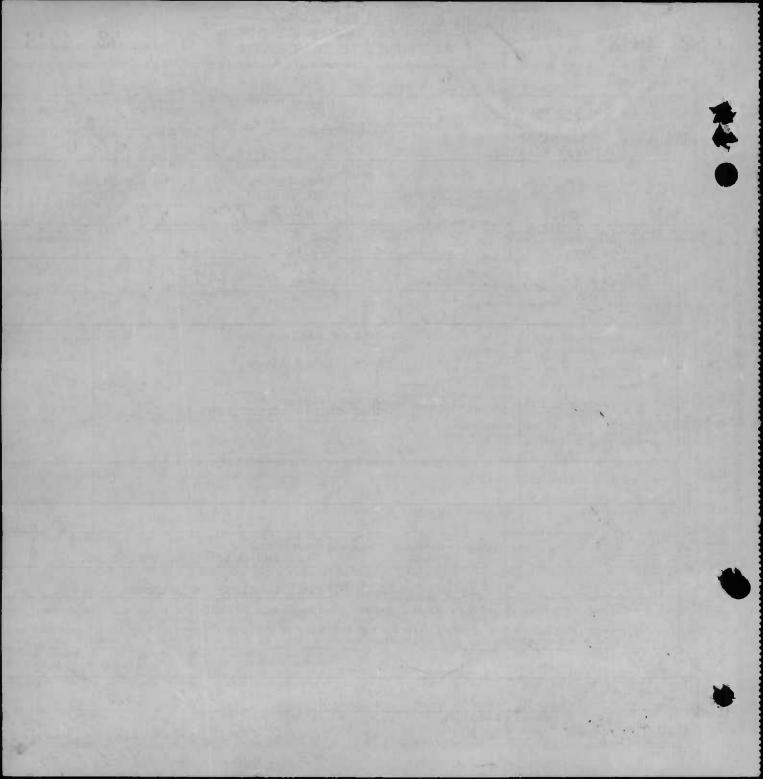
Registered No

1. NAME OF DECEASED 2. DATE (Type or Print) OF ELSIE M. BEAZLIE MAY 24-1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MARYLAND (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write KURAL and give C. CITY OR TOWN INSTITUTION 2511 West Fairmount Ave. BALTIMORE CITY o. STREET ADDRESS (If rural, give location) Yrs. Mos 2511 West Fairmount Ave. c. Length of stay in Baltimore Days 6. COLOR OR RACE 9. AGE (In years | if Under 1 Year | if Under 24 Hours | Indee 1 Hours | Months | Days | Hours | Min. 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) FEMALE WHITTE MARRIED SEPT: 10-1891 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? BOOKEEPER AUTO-SUPPLIES VIRGINIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME HOWARD BEULAH NORTON FRANK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS Ave. (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO **** WALTER G. BEAZLIE. . 2511 W. Fairmount INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Myocardial infarction, antero-Acute (This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, OUE TO lateral-acute injury or complication which caused death.) ANTECEDENT CAUSES please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: CA 14 RH OTHER SIGNIFICANT CONDITIONS CON-Diabetes mellitus TRIBUTING TO THE GEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! AT WORK . 1952 that I last saw the 22. I hereby certify that I attended the deceased fromdeceased alive on May 24 . 1952, and that death occurred at 2 A. m., from the causes and on the date stated above. 23A SIGNATURE 238. ADDRESS 23c. DATE SIGNED Baltimore Street 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 240. LOCATION (City, town, or county) 27-1952 Lorraine Park Cemetery Woodlawn DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS MAY 2619

SON



Registered No. 4943 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF CLARENCE WILLIAMS DEATH MAY 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) f not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR WURAL and give (If outside corporate limits, write C. CITY OR TOWN township) Mercy Hospital Baltimore legibly Yrs. D. STREET ADDRESS (If rural, give location) Mos. East End Hotel-5 N. Exeter Street c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 9. AGE (in years) If Under 24 Hours be and last birthday) | Months: Days | Hours | Min. WIDOWED, DIVORCED (Specify male white on should clearly an 10A. USUAL OCCUPATION (Givekindof) BIRTHPLACE (State or foreign country) BUSINESS OR 12. CITIZEN OF work done during most working life, even if petired) INDUSTRY WHAT COUNTRY Lea mar information s of death cle 13. FATHER'S NAME MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 20 -068 causes Jo INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH Cirrhosis of liver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Subarachnoid hemorrhage ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION important. 218. PLACE OF INJURY (a.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB. about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? hotel UTING L CAUSE OF DEATH East End Hotel-5 N. Exeter St. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Fell to floor in bathroom especially May 22, autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, WRITE and fleath in my opinion resulted from: natural causes [, accident] suicide [, homicide [, undetermined []. 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER. 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. age Mav MEDICAL INVESTIGATOR 国 BURIAL. CREMA-L 24c, NAME TION, REMOVAL (Specify ADDRESS RECEIVED BY REGISTRAR'S SIGNATURE 25. EUNERAL DIRECTOR



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	BA	LTIMORE CITY H	EALTH DEPARTMEN		AGAA
0	BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No	4944
	1. NAME OF DECEASED Estelle	Va. F	ierce	2. DATE OF DEATH MAN	124/53
	a. Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived of the	stitution residend before admis
	B. FULL NAME OF (If not in hospital or instit HOSPITAL OR INSTITUTION	ution, give street address or location)		(If outside corporate limits,	write RURAL and
	1027 10 06	Yrs.	D. STREET ADDRESS	Li rural, give location	200
	c. Length of stay in Baltimore	le Mos. Days	1029 W	. 36 th	
	7 0 1 - W000	LE, MARRIED, WED, DIYORCED (Specify)	Epril 14, 18	last birthday) Mont	der 1 Year If Under 24
	10A. USUAL OCCUPATION (Give kind of 10B. KIN work stops during most of working fife, even if retired)	D OF BUSINESS OR	1. BIRTHPLACE (State of		2. CITIZEN OF
	13. RATHER'S NAME		14. MOTHER'S MAIDEN	NAME.	2.8.
	Jacob Baker		Thenath	?	
	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	SP 10 12	ORESS) 7
	18. 420.1	CAUSE	OF DEATH	snafer: 12	INTERVAL BETY
	DISEASE OR CONDITION DIRECTLY		2	1 havi	ONSET AND D
	(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disc injury or complication which caused dea	ase,	porousing (manu	1 and
	ANTECEDENT CAUSES	A.	Ly her Thrown	CUD.	7.
	DISEASES OR CONDITIONS, IF ANY, GIV	(B)	of percentar.		
	UNDERLYING CONDITION LAST.	(C)	?*************************************	***************************************	**************************
	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TED	Deslete	1 millity	5-29
		R FINDINGS OF OPER	RATION		20. AUTOPS
		LACE OF INJURY (e. g., i e, farm, factory, street, office bldg.,		(If in Baltimore City, giv	e exact location)
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR		IRY OCCUR?	
	22. I hereby certify that I attended th	e deceased from/	- 9 , 1957, to_	5-24 , 191-2	That I last sav
1	deceased alive on 4-23, 1952	and that death occur	rred atm., from	the causes and on the	
		naull M.D.	3711 Da	let MA	STUGE
	24A. BUBIAL, CREMA- 24B. DATE TION REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D	LOCATION (City, town, or	county) (St
	DATE RECEIVED BY REGISTRAR'S SIGNAT	Will: WA ME	25. FUNERAL DIRECTO	Juan a	DDRESS
	MAY 26 1952 Juniagion	muama, "	uslin 6.N	movan-38/	5 Notang

BALTIMORE CITY HEALTH DEPARTMENT

hstitutlon residence before admission)

limits, write RURAL and give

Months Days Hours Min.

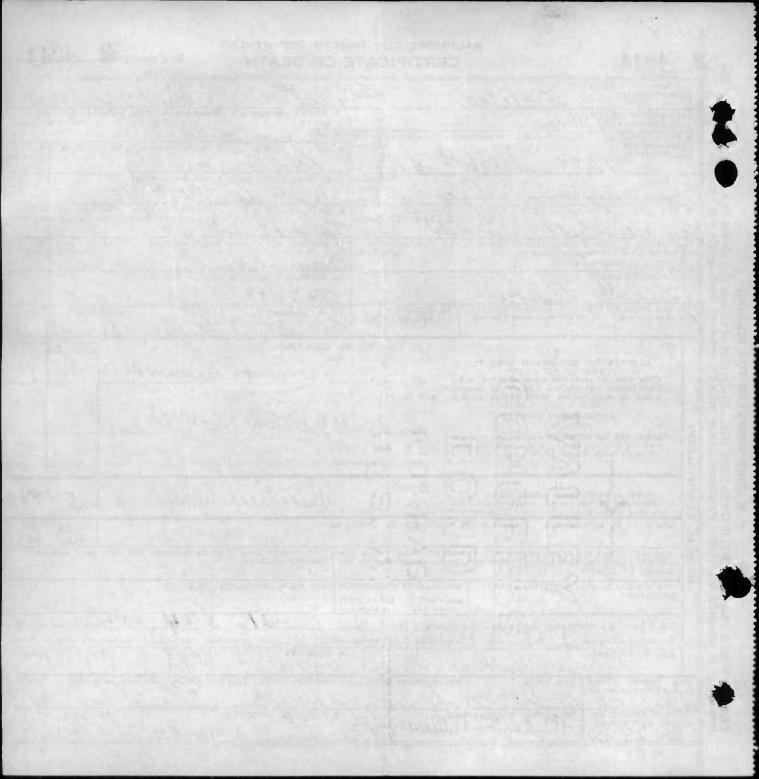
WHAT COUNTRY?

INTERVAL BETWEEN

20. AUTOPSY NO

That I last saw the on the date stated above. 23c. DATE SIGNED

(State)



LOCAL REGISTRAR

V S 151

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Henry

2. DATE DEATH May 25. 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) (If outside corporate limiten write RURAL and give _township) 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours: Min. 70 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS Same INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES X 2 ic. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Ave. and Cross Country Blvd. found in stream 100 yards west of Glen thereon and from Autopsy, Inspection or Inquiry 24D. LQCATION (City, town, or eounty) (State)

25. FUNERAL DIRECTOR

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

before admission)

URAL and give

If Under 24 Hours

WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPS

23c, DATE SIGNED

ADDRESS

(State)

If Under 1 Year

ADDRESS

12. CITIZEN OF

township)

DR W.H. WOODY 1403 PARK AVE

clearly

BINDING

FOR

RESERVED

MARGIN

of

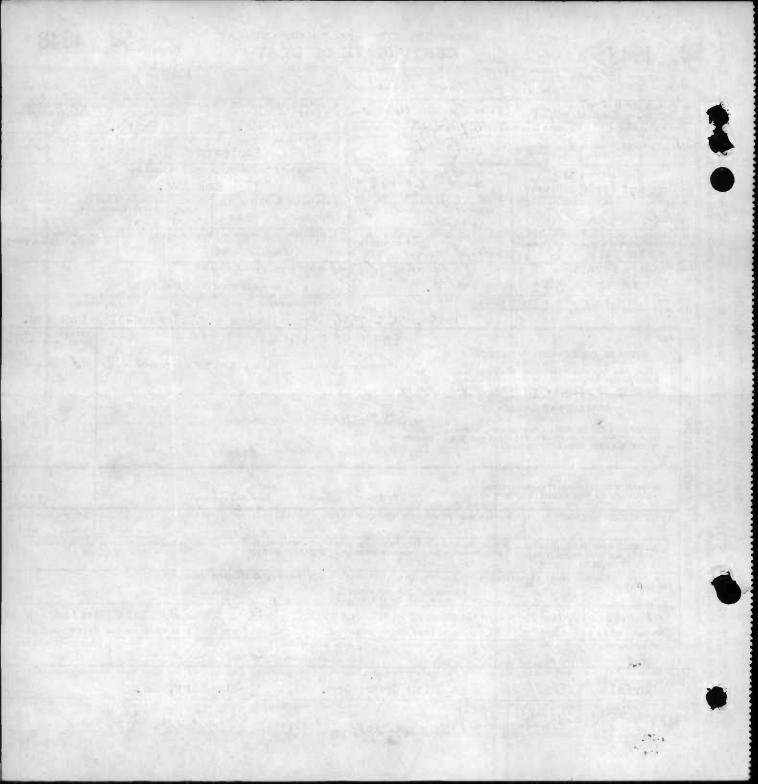
BALTIMORE CITY HEALTH DEPARTMENT

Registered	To_	AQ	ATY
J.C.	,	30	13-1

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH & 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: Baltimore A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limit, write RURAL and give C. CITY OR TOWN INSTITUTION township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos c. Length of stay in Baltimore Broadway Days 615 50. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year should be last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Male White Married lst.1893 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? Rustless Steel Maryland Watchman information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME STAINLESS STEPL Catherine Pinto Pedone 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. Ves Pidone 615 So. Broadway causes INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Every item write the car DISEASE OR CONDITION DIRECTLY eno careinoma of Lunge Intestine LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES r INK. (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO ATI UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) ... RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB. INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an Autops, Inspection or Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes N, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23c. DATE SIGNED 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR PAC. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL, CREMA-248. DATE TION, REMOVAL (Specify Baltimore Md. 5-27-1952 U.S. National Burial ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR 3000 E. Baltimore St.

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	CERTIFICATE CERTIFICATE	E OF DEATH Registered No.	4348
(T	Sype or Print) anduson - Mr. arthur	DEATH	24 , 1952
3. A.	PLACE OF DEATH: Baltimore City, Maryland Church Home Hospital	4. USUAL RESIDENCE (Where deceased lived, If ins	stitution : residence before admissi
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location) ISTITUTION Church Home of Hospital.	c. CITY OR TOWN (If outside corporate limits, v	write RURAL and g townsh
c.	Length of stay in Baltimore / mon/Alos. Days	D. STREET ADDRESS (If rural, give location) 3734 Oak Ave.	300
	Mals 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH March 4, 1886 9. AGE (In years it limst birthday) Month	der I Year hs Days Hours M
or!	(A. USUAL OCCUPATION (Give kind of the done during most of working life, even if retired) Man again Cothing Manufactory	maryland.	WHAT COUNT
13	andurson - Mr. William p	14. MOTHER'S MAIDEN NAME Kesterson - Mortha.	
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL		PRESS
(10	m, no or unknown) (If yee, give war or dates of service) SECURITY NO. 226 - 05 - 76	36 Mrs. Bertha P. Anderson-373	4 Oak Ave.
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	io selvolie Heart Disease	,
Ш	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	sima pulmonary	5 44
O	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION	ZO. AGIOPSI
AL			YES NO
1	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., et		YES NO e exact location)
DICAL	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., et	ED 21F. HOW DID INJURY OCCUR?	YES NC
DICAL	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., et CAUSE OF DEATH 2ID. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRE WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from deceased alive on May 24, 1952, and that death occur 236. SIGNATURE	Pred at 127 L.m., from the causes and on the	that I last saw date stated ab 23c. DATE SIGN
MEDICAL	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., et CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on May 24, 1952, and that death occur	INJURY OCCUR? 21F. HOW DID IN	that I last saw date stated ab 23c. DATE SIGN 5 - 24 - 5
MEDICAL	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., et CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE M. WORK 22. I hereby certify that I attended the deceased from deceased alive on May & 4, 1952, and that death occur 236. SIGNATURE 240. BURIAL (CREMA) 248. DATE 240. NAME OF CEMETER	INJURY OCCUR? 21F. HOW DID IN	that I last sa date stated a 23c. DATE SIG 5 - 24 -



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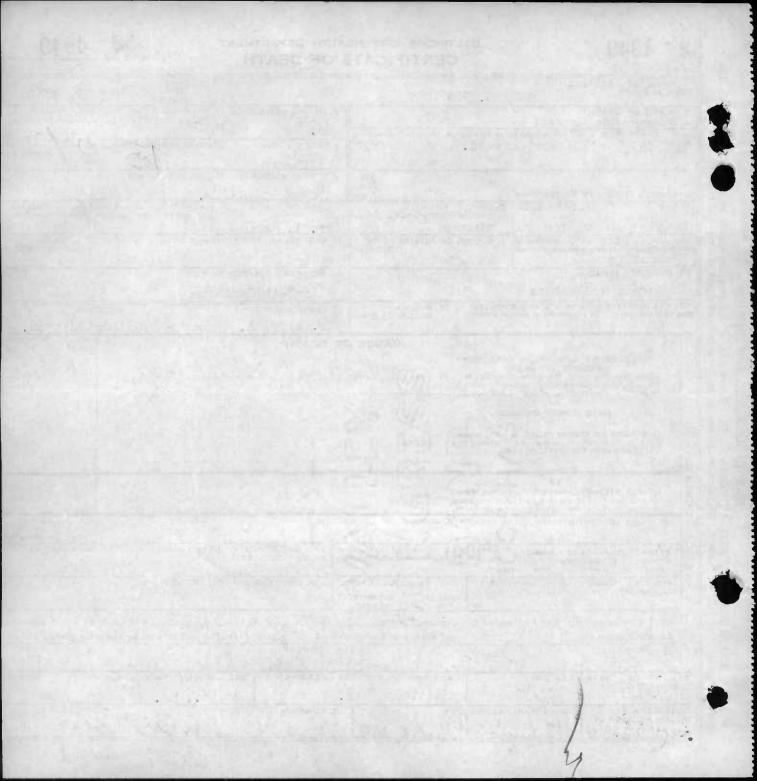
0	5	4949	9		ВА		RE CITY H				Regist	52 ered No.	49	49
The	1.	NAME OF Di 'ype or Print)	ECEASED		A CL T					2. DATE OF DEATH	Mav	23.	1952	
	Α.	PLACE OF DEATH: Baltimore City, Maryland						A. STA	IAL RESIDEN	NCE (W		ived. If inst	itution:	
egraly.	B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR 3703 Nortonia Rd.						street address o location	c. CITY OR TOWN (If outside corporate maits, write RUILL a to				RAL and give township)		
	C.	Yrs. Mos. Length of stay in Baltimore Days						Baltimore D. STREET ADDRESS (If rural, give location) 3703 Nortonia Rd.						
and l	female white widowed 10a. USUAL OCCUPATION (GivekIndef work doneduring most of worklug life, even if retired) Housewife 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specific Mark 10 Midowed) 10b. KIND OF BUSINESS OR INDUSTRIBUTION (GivekIndef at home)						RIED.	B. DAT	1. 1866		9. AGE (In y	ears Unde lay) Month	l Year Days	If Under 24 Hours Hours Min.
n shor							ISINESS OR INDUSTR	11. BIR	THPLACE (Sta	ate or for	eign country)	12	CITIZ	EN OF COUNTRY?
of information should be	13. FATHER'S NAME Herman Wollenberg							14. MOTHER'S MAIDEN NAME Elizabeth Gunthrum						
f infor	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.						17. INF	ORMANT Lloyd F			703 No		a Rd.	
UNFADING INK, Every item of i Physicians: please write the causes	ICATION	(This docs heart failu injury or DISEASES RISE TO T	LEADIN not mean re, astheni complicat ANTECE	ONDITION G TO DEAT n the mode o is, ctc. It mea- tion which c DENT CAUS NDITIONS, IF E CAUSE (A) NDITION LA	H f dying, c. ns the diser aused dead ES ANY, GIV	g., ase, th.) Du	CAUSE (A)(B)(B)(C)	ebr	al h	hnd	rhag	2		AL BETWEEN AND DEATH
	CERTIFICA	TRIBUTING TO THE DEATH, BUT NOT RELATED												
H	CAL	19A. DATE O		9			NGS OF OPE		WHERE DU	D. (VE	in Doltimone	Čitu givo	YES [NO X
Y, WITH	MEDI	21A. ACCIDENT WAS UNDER. 215. FLACE OF INJURY (8.8, in 215. VIII.L. 18.8)								exact i	ocation)			
I.A ially		OF INJURY WHILE AT NOT WHILE AT WORK AT WORK												
WRITE PL.		22. I hereby certify that I attended the deceased from 3/27 1917, to 23, 1917, that I last saw the deceased alive on 1917, and that death occurred at 42 m., from the causes and on the date stated above 23A. SIGNATURE 23B. ADDRESS 23B. ADDRESS 23G. DATE SIGNED									ated above. TE SIGNED			
E Wage	Burial 5/26/52 Baltimore Cem. Balto., Md.								(State)					
77	D	ATE RECEIVE	DBY	REGISTRAR'	S SIGNAT	URE		25 FID	NERAL DIRE	CTGRY	1	A /AI	PORES	5

E WRITE PLA PLI

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DATE RECEIVED BY LOCAL REGISTRAR MAY 26 195 VS 150

Balto 17, Md.



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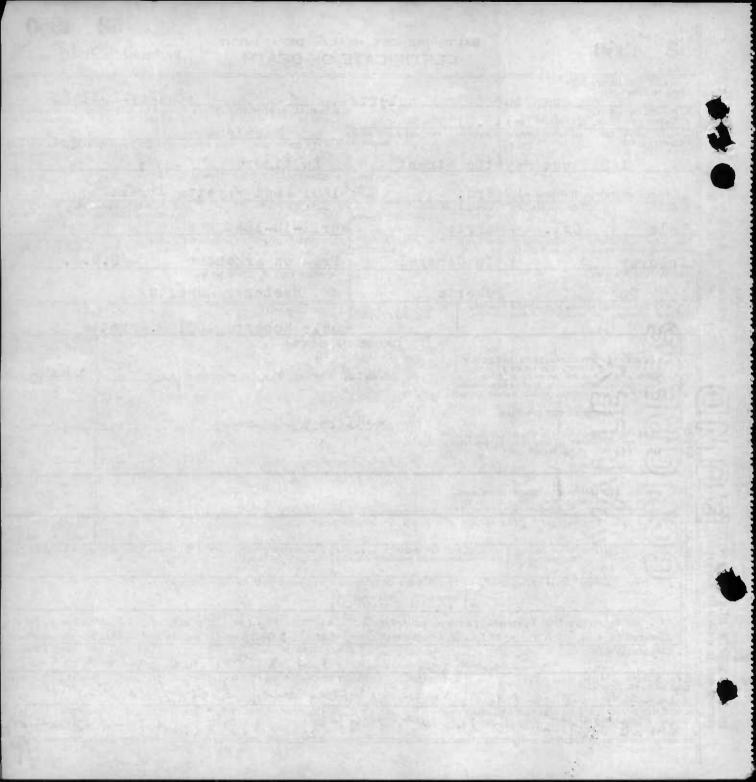
4950 BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 4950

Registered No. 3698

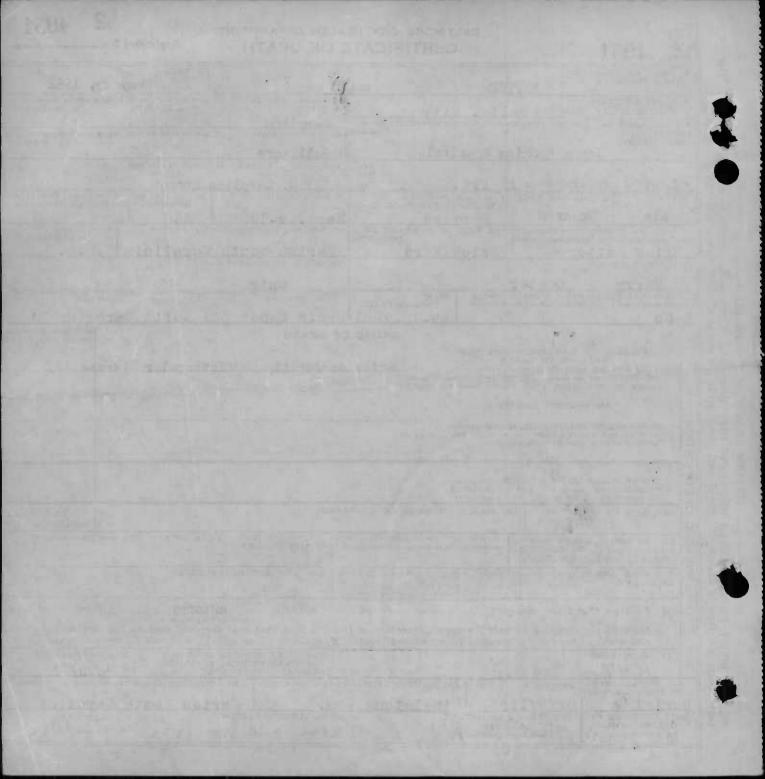
1.	NAME OF	ECEASED				2. DATE											
(T	ype or Print)	August	118	Roberts		DEATHMAY-2	5-1952										
3. A.	Baltimore				4. USUAL RESIDENCE (V												
В.	FULL NAME			ion, give street address or	Marylan		-3/										
	STITUTION			location)	C. CITY OR TOWN (If	outside corporate imits,	write RULAL and give township)										
	1	601 West Fa	vette	Street	Baltimore	17-	townsint)										
				Yrs.	O. STREET ADDRESS (If	rural, give lecation)											
		stay in Baltimore 2			1601 West Fayette Street												
	SEX	6. COLOR OR RACE	WIDOW	E, MARRIED. ZED, DIVORCED (Specify)	8. DATE OF BIRTH		ths Days Hours Min.										
_	ale	Col.	Marri		April-12-1886 66												
		CCUPATION (Give kind of of working life, even If retired)	10B. KINL	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?												
I	aborer		In G	eneral	Preston Arkansas U.S.A.												
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME												
	Gu		Rober	ts	Easter	Roberts											
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMED		16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS										
ì	No				Rosie Roberts	1601 W. Fave	tte St										
	18. 22	1 🗸	3-10-2		OF DEATH		INTERVAL BETWEEN										
	DISEA	SE OR CONDITION	DIRECTIV		,		ONSET AND DEATH										
	/ml: 1	LEADING TO DEAT	H	(000	0-0 h	1.	9 4 -										
	heart failt	ire, asthenia, etc. It mca	ns the discas	e,	a la	no pe											
	injury or	complication which c	aused death	.) DUE TO													
Z		***************************************	Curlina														
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.																	
									OTHER SIGNIFICANT CONDITIONS CON-								
									S	TO THE C	SEASE OR CONDITION	CAUSING I	Г				
										19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
A			YES NO														
EDICAL		ENT WAS UNDER-		CE OF INJURY (e. g., i		If in Baltimore City, giv	e exact location)										
H	CAUSE OF	R CONTRIBUTING DEATH	mbout home,	arm, factory, street, office bldg.,	etc.) INJURY OCCUR?												
Σ	210, TIME	(Month) (Day) (Year)	(Hour)	21E, INJURY OCCURR	ED 21F, HOW DID INJURY	Y OCCUR?											
210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE																	
		m. WORK AT WORK															
4	22. I herel	22. I hereby certify that I attended the deceased from 5 - 24-, 1952 to 5-25-, 1953 that I															
deceased alive on 5 2 4 , 19 52. and that death occurred at 1: 2 Mary from the causes and on the date s																	
										-00	ingl A Si	suns	lers M.O.	1029 1. 500	-color St	5-26-52	
24	24A. BURIAL, CREMA. 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION (fity, Own, or county) (State)																
4	TON, REMOVAL (Specify) - 13 C 13 male la large lung Brookfung My																
D	DATE RECEIVED BY REGISTRAR'S BIGNATURE ADDRESS A																
LC	LOCAL REGISTRAS 2 Juntington Villaus My																
	MAI 20 1332 1 ming																
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				6-71	G 5 V												



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BALTIMORE	CITY	HEA	LTH	DEPARTMENT	
CERTI	FICA	TE	OF	DEATH	1

2	TH N495	1		CERTIFIC	ATE OF	DEATH		Regist	tered I	No.—	
	NAME OF DI		TTHEW		MOODY		2	. DATE OF	May	23,	1052
	PLACE OF DI			City		JAL RESIDEN	CE (Wher	DEATH e deceased l B. COUI	lived. If	instituti	
B. F	ULL NAME SPITAL OR			ion, give street addr		y land Y OR TOWN	(If out	side corpor	te limit	s, write	RURAL and give
	2	Johns Hopk	ins Hosp			timore	(If rura	l, give loca	tion)	0	township
		tay in Baltimore			Mos. Days 52]	N. Caro	line S				
	Male	Colored	WIDOW	E. MARRIED, VED, DIVORCED (S ried	Specify)	e of BIRTH		AGE (in y last birthd		Under 1 Yes	ar H Under 24 Hours Lays Hours Min.
ork d	loae during most o	CUPATION (Give kind f working life, even if retire	of 10B. KIND	OF BUSINESS C	STRY 11. BIR	THPLACE (Sta	te or foreig	n country)		WH	TIZEN OF HAT COUNTRY
	FATHER'S N		Bric	k Yard		ther's MAID			118	U.S.	Α.
15	Harry	Les te		I 16. SOCIAL	1500	Annie		Mod			
Yes,	no or unknown)	(If yes, give war or de		SECURITY N	NO.	e Moody	521	North		roli	
	heart failu	not mean the mode re, asthenia, etc. It m complication which	eans the diseas caused death	se,	terioscle	eroticCa	rdiova	scular	cDis	sease.	•••••••••••••••••••••••••••••••••••••••
∢	heart failu injury or DISEASES RISE TO T UNDERLY	re, asthenia, etc. It m	caused death USES IF ANY, GIVII A) STATING TI LAST. DITIONS COI	(B)		erotic Ca	rdiova	iscular	c Dis	sea se	
ERTIFICA	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING TO THE D	re, asthenia, etc. It m complication which ANTECEDENT CALLS OR CONDITIONS, HE ABOVE CAUSE (/ING CONDITION)	caused death USES IF ANY, GIVII A) STATING TI LAST. DITIONS COI T NOT RELATI	(B)		erotic Ca	rdiova	scular	c Dis	20	D. AUTOPSY?
SICAL CERTIFICA	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING TO THE D 19 A. DATE O	re, asthenia, etc. It me complication which ANTECEDENT CALLS OR CONDITIONS, HE ABOVE CAUSE (1) IGNIFICANT CONDITION TO THE DEATH, BUSEASE OR CONDITION FOPERATION	LEARS THE DISTRICT OF THE PLANT	(B)	OPERATION	WHERE DID				20 YE	
MEDICAL CERTIFICA	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING TO THE D 19A. DATE O	re, asthenia, etc. It m complication which ANTECEDENT CALLS OR CONDITIONS, HE ABOVE CAUSE (VING CONDITION IT TO THE DEATH, BUSEASE OR CONDITION FOPERATION IAL CAUSE WAS	DITIONS COLT NOT RELATION CAUSING JOB MAJOR	NO. COLUMN (B)	OPERATION (e.g., in or 21c in) CURRED 21F WHILE		(If in	Baltimore		20 YE	D. AUTOPSY?
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MEDICAL CERTIFICA	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING TO THE D 19 A. DATE O 21A. EXTERN UNDERLYING UTING C 21D. TIME (OF INJURY) 22. I certip the evi and de 23A. SIGNAT	re, asthenia, etc. It m complication which complication which antecedent Calls of Conditions, he above cause (Ing. Condition) IGNIFICANT CONDITION IGNIF	DITIONS COIT NOT RELATION CAUSING 19B. MAJOR 21B. PLA about home, 14. 17 (Hour) 18 arge of the y said Auton resulted for the causalted	Se, h.) DUE TO (B)	OPERATION (e. g., in or 21c e bidgetc.) INJ CURRED 21f white work to or Inquiry, auscs , ac Ass M.D. ME	eld an Au find that so cident , su s. SCHIEF MED DICAL INVES	(If in automore, Inspected of the control of the co	Baltimore CCUR? ection or I ased died homicid MINER	inquiry	zer then the day undeter 5/21	con and from stated above mined
MEDICAL CERTIFICA	DISEASES RISE TO T UNDERLY OTHER S TRIBUTING TO THE D 19A. DATE O 21A. EXTERN UNDERLYIN UTING COF INJURY 22. I certij the evi and de	re, asthenia, etc. It m complication which complication which antecedent calls of conditions. The above cause (1) Ignificant conditions to the death, but sease or condition of the death, but sease or conditions of the death of the conditions of t	DITIONS COIT NOT RELATION CAUSING 1 19B. MAJOR 21B. PLA about home, 1 1. Tr) (Hour) m. arye of the y said Auton resulted f	NO. INC. I	OPERATION (e.g., in or 21c cobidg., etc.) INJ CURRED 21f white work wo	eld an Au find that so cident , su s. SCHIEF MED DICAL INVES	(If in automorphic	Baltimore CCUR? ection or I ased died homicid MINER	inquiry on the	there day undeter 3c. DATI	con and from stated above mined []. E SIGNED /52 ty) (State, oldina.



OT A MEDICAL EXAMINER'S CASE

M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

12

MEST - LESSIFICATIONS AND THE

SILL TURE IN TIME STOLL

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	59	/i
Registered	No.	44

-	RTH	010
81	RIH	NO.

. NAME OF DEC	EASED		
Type or Print)	JAMES	THOMAS	MEA

2. DATE OF DEATH

May 26, 1952

3. PLACE OF DEATH: A. Baltimore City, Maryland OF (If not in hospital or institution, give street address or Public Health Service location)
Hospital HOSPITAL OR Drive & 31st st. wwman Pk.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)

If Under 1 Year

c. CITY OR TOWN (If outside corporate limits, write RURAL and give

Colonial Beach

9. AGE (In years)

c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE

Yrs. Mos. Days

INDUSTRY

CAUSE OF DEATH

and hepatic failure

D. STREET ADDRESS (If rural, give location)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married 108, KIND OF BUSINESS OR

Seafarer

8. DATE OF BIRTH 10/6/83

last hirthday) Months Days Hours Min. 11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

Iinknown

If Under 24 Hours

Seaman 13. FATHER'S NAME

James T. Mears

14. MOTHER'S MAIDEN NAME

Caroline Lewis

Virginia

18.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service)

16. SOCIAL SECURITY NO es

17. INFORMANT

Adenocarcinoma, transverse colon,

with massive liver, metastases

ADDRESS Records- US PHS Hospital, Balto, Md.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION

218. PLACE OF INJURY (e.g., in or about home, farm, fectory, street, office bldg., etc.)

2 Ic. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21A. ACCIDENT WAS UNDER

CAUSE OF DEATH

LYING OR CONTRIBUTING

21E. INJURY OCCURRED NOT WHILE

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6 deceased alive on Nay

WHILE AT

ended the deceased from May 6,1952, to May 26, 1952, that I last saw the p1952 and that death occurred at 4:154 m., from the causes and on the date stated above. _, 19.52 that I last saw the 238. ADDRESS 23c. DATE SIGNED

23A. SIGNATURE D.W. Patrick in Charen 24A. BURIAL, CREMA-

US PHS Hospital, Balto, Md.

20 AUTOPSY

YES X

DATE RECEIVED BY

TION REMOVAL (Specify)

ADDRESS

VS 150

causes item the RESERVED please UNFADING Physicians: 1 MARGIN WITH

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DICAL

information should be

45.

before admission)

township)

li Under 24 Hours

20. AUTOPSY

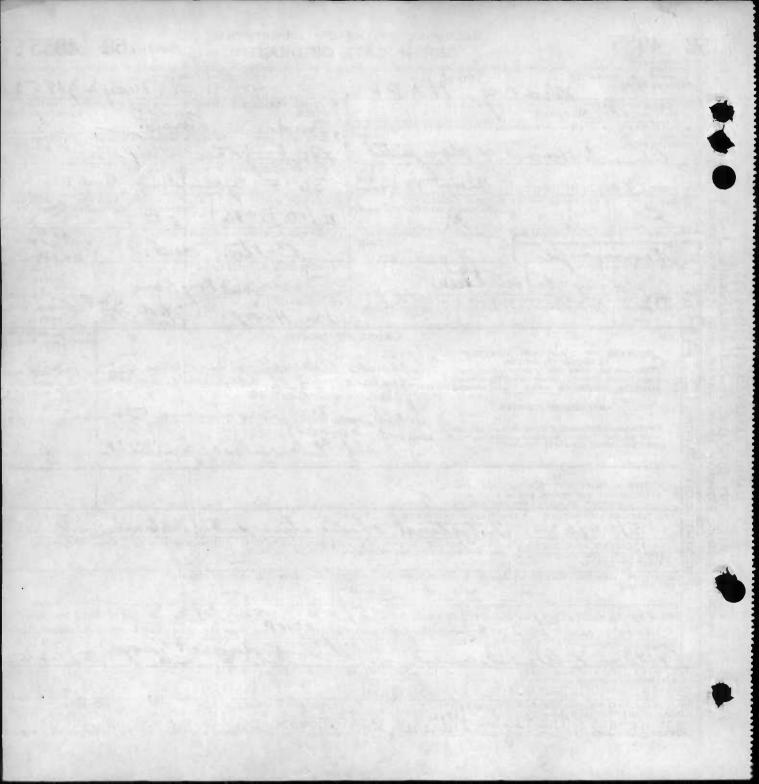
(State)

MARGIN RESERVED FOR BINDING

E WRITE PLA IY, WITH age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

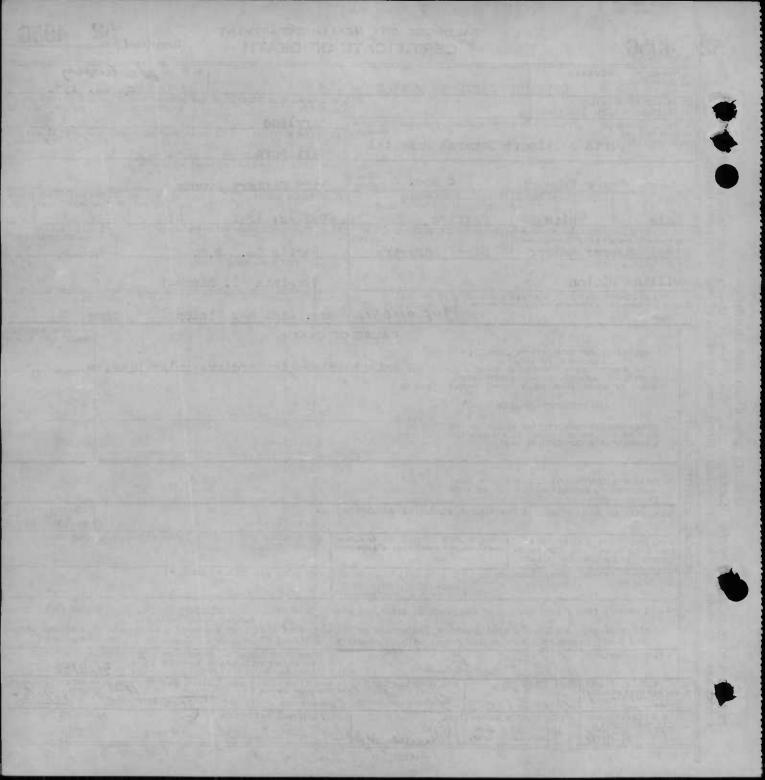
DIE	TH NO			CERTIFICAT	E OF DEATH	Registe	red No.
	TH NO.	CEASED	NTO O			La DATE	
	pe or Print)	Ma	r 4	HAPP		2. DATE OF DEATH	uay 23,1952
	Baltimore Ci	ATH: ity, Maryland	4,		4. USUAL RESIDE	NCE (Where deceased liv	ed. If institution: residence V before admission)
	ULL NAME C	F (If not in hospit	al or institut	ion, give street address or location)		(Jallo	19
	TITUTION	14	- 04	4	c. CITY OR TOWN	/ phone	limits, write RURAL and give
15	Chus	ch Hom	271	rajavas	Hilling	Ba Ba	and the same of th
3			71.	Yrs. Mos.	D. STREET ADDR	SS (If rural, give location	on)
_		ay in Baltimore	w	out 18 ha Days	36/9	Spanionis	17-00
5. 5	F	6. COLOR OR RACE		E, MARRIED, (ED, DIVORCED (Specify)	8. DATE OF BIRTH	96 9. AGE (In year last birthda)	Months Days Hours Min.
10A	. USUAL OCC	UPATION (Give kind of working life, even if retired)	108. KINE	OF BUSINESS OR		tate or foreign country)	12. CITIZEN OF
	2/5	word in rectifed	-	INDUSTRY	Ball	tr. md.	WHAT COUNTRY?
13.	FATHER'S N	AME /	-/0		14. MOTHER'S MAI	DEN NAME	n.sr.
	Ha	my Wa	elik	er	many	many Hy son	2 V
15. (Yes,	WAS DECEASES	EVER IN U. S. ARME (If you, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	3/10	- ADDRESS
	_	_		SEGONITY NO.	Wm. Hap	p. 3615	Low rute.
	18. 002	Χ .		CAUSE	OF DEATH		INTERVAL BETWEEN
		OR CONDITION		0 -			ONSE! AND DEATH
		not mean the mode		Wiente	adrenal :	milwee due	6_ Junes.
	heart failur	e, asthenia, etc. It mes complication which	ns the diseas	e, replac	except of a	durale u	Jelle
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_		INTECEDENT CAU	SES	20	The diles	o-casement	There la ? 7.0.
HOLL		OR CONDITIONS,					
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FICA				(C)	, toleren	and person	-cellis hall
L		- 11					
RT		GNIFICANT COND					
U U		TO THE DEATH, BUT					
4	19A. DATE OF	OPERATION 2	9B. MAJOR	FINDINGS OF OPER	RATION	ontief duto	20. AUTOPSY?
DICA	314 ACCIDE	NT WAS UNDER-	2 1B. PLA	CE OF INJURY (e. g., i	n or 21c. WHERE OI		City, give exact location)
MED		CONTRIBUTING		arm, factory, street, office bldg.,			
	21b. TIME (I	Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID	INJURY OCCUR?	
	OF MOOK!		m.	WHILE AT NOTWHILE		~	
	22 I hamaha	certify that I at			/22 195	2, 5/23	195 that I last saw the
	deceased ali	cercify that I at	10 5 2	acceused from	mad at 2:45 Pm	from the causes and	on the date stated above.
-	22 SIGNAT	URE 2	_, 19	and that death occur	23p. ADDRESS	John the causes and	23c. DATE SIGNED
1	1-10	x 4. (1).	0 1	and un	Church 1	true Ma	5/23/5
24	BURIAL, CI	REMA- 24B. DATE		24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City,	town, or county) (State)
TIO	N, REMOVAL (Sp	ecify) 5 07	1050	18/00-27 0000		Moodlawa	38.3
-	irial TE RECEIVED	5-27-		Woodlawn	25. FUNERAL DIRE	Woodlawn,	ADDRESS
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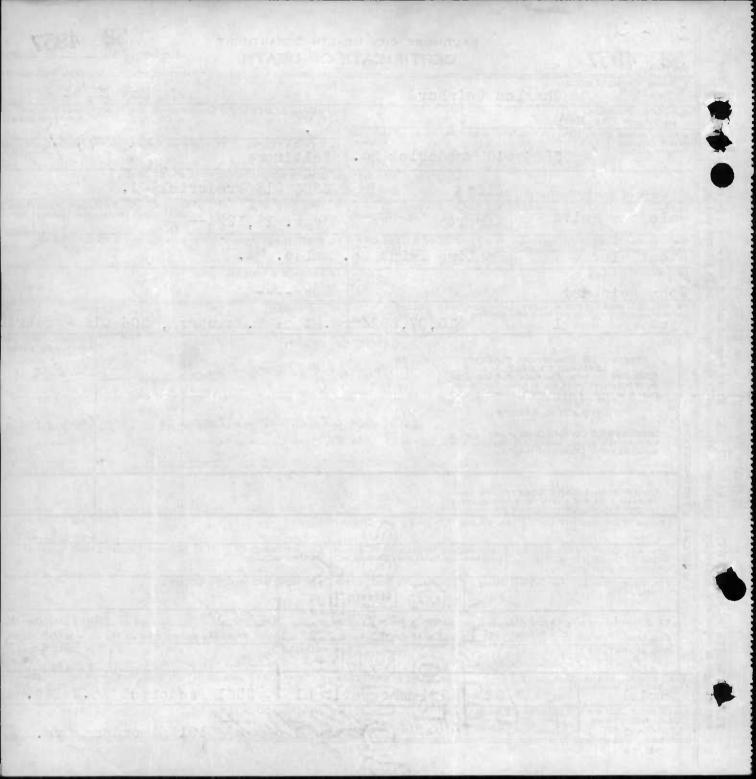
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BALTIMORE CITY HEALTH DEPARTMENT

A BI	RTH NO.		CE	RTIFICATE	E OF DEATH	Registered	110
1. (T	NAME OF D	RALEIGH	JACKSON	MINTON		2. DATE OF DEATH MAY	24. 1952
3.	Baltimore	City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived. I	f institution: residence before admission)
B. He	FULL NAME			give street address or location) Hospital		(If outside corporate lim	ts write RURAL and give township)
		stay in Baltimore		MOS. Days	D. STREET ADDRESS		
	sex Male	6. COLOR OR RACE	7. SINGLE, MANDOWED, Marrie	DIVORCED (Specify)	July 13, 1905	46	If Under 1 Year H Under 24 Hours fonths Days Hours Min.
worl	k done during most	ccupation (Give kind of of working life, even if retired) arer Helper		BUSINESS OR INDUSTRY Industry	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?
	FATHER'S		DUCCI.	AT 1 U	Bertie Co. 14. MOTHER'S MAIDEN	NAME	
	William :				Virginia D.	Sinnott	
15 (Ye	NAS DECEAS , no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES? 16	SECURITY NO.	17. INFORMANT Mrs. Lida May	. 1	ADDRESS Same
RTIFICATION	(This doe heart fail injury or DISEASE RISE TO UNDERL	SE OR CONDITION LEADING TO DEATS so not mean the mode of ure, asthenia, etc. It meats complication which of ANTECEDENT CAUS SOR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDITION OF TO THE DEATH, BUT	f H f dying, e. g., ns the disease, aused death.) EES F ANY, GIVING STATING THE ST. TIONS CONNOT RELATED	(A) Arterio	escleratic Cardi	ovascular Dis	ease
CE		OF OPERATION 1		IDINGS OF OPER	ATION		20. AUTOPSY?
AL		75					YES X NO
EDIC/	UNDERLYIN	NAL CAUSE WAS IG □ OR CONTRIB- CAUSE OF DEATH.		OF INJURY (e. g., it actory, street, office bldg., e		(If in Baltimore City,	give exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. WHILE WOR			RY OCCUR?	
	the ev	eath in my opinion	said Autopsy	. Inspection or I	bove, held an Autops nquiry, find that said , aecident , suici 238. CHIEF MEDICA ASSISTANT MEDICA	de □, homicide □, L EXAMINER 🛣 2	the day stated above,
24 TI	AA. BURIAL,	CREMA 248. DATE 9 Specify) Trad Inaug 2	mes - 24c.		D. MEDICAL INVESTIG	ATOR	-0/ 1/11/6"
	ATE RECEIVE	TRAR REGISTRAR	signature	Winner And	25 FUNERAL DIRECTO		ADDRESS
			3	14005.C	hards St.	Ballma	30, maly



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF Charles Reinhard DEATH MAY 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland ASTATE B. COUNTY before admission) (If not in hospital or institution, give street address or B FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside comporate limits, write RURAL and give INSTITUTION 3506 Old Frederick Rd. Baltimore D. STREET ADDRESS (If rural, give location) Mos. 3506 Old Frederick Rd. Life information should be ca c. Length of stay in Baltimore Days 9. AGE (in years lf Under I Year li Under 24 Hours last birthday) Months Days Hours Min. Male 6. COLOR DR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) Sept. 16.1896-11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (GivekInd of) 10B. KIND OF BUSINESS OR 12. CITIZEN OF Stock Lerk WHAT COUNTRY? Bal to Mid. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Reinhard Lena---15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wer or dates of service) ,07,3524 rs. Ethel T. Reinhard, 3506 Old Frederic yes causes INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, RESERVED Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. Ī. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. EDICAL (If in Baitimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDERebout bome, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 9/20 19 That I last saw the RITE is espe 1952, and that death occurred at 3 36 km., from the causes and on the date stated above. deceased alive on 5 23B. ADDRESS 23A_SIGNATURE 23c. DATE SIGNED redeick aan 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24B. DATE May 27 5501 Frederick Rd.Balto.Md Baltimore National Burial DATE RECEIVED BY REGISTRAR'S SIGNATUBE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR untinglow Mdmondson VS 150



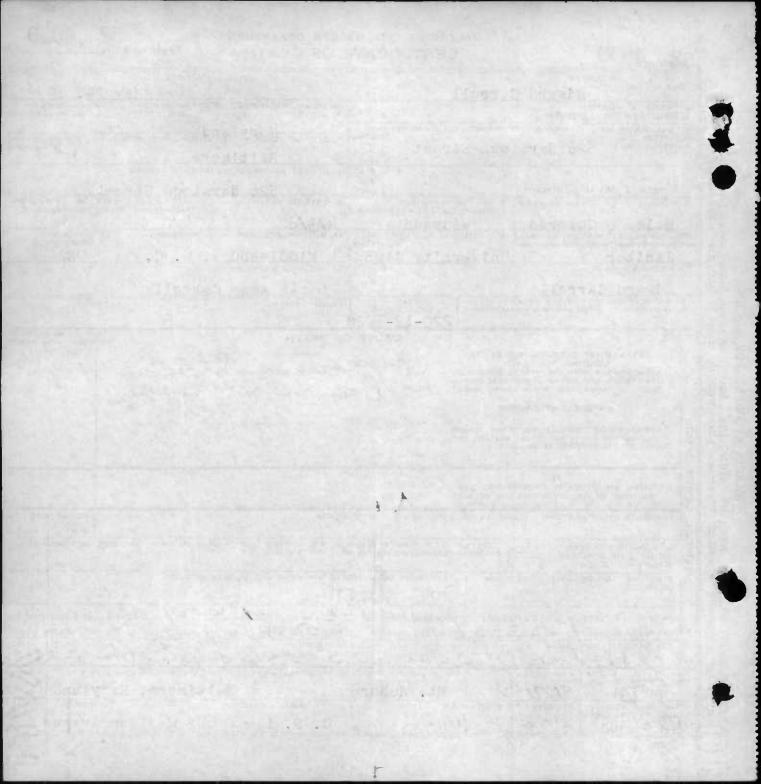
BALTIMORE CITY HEALTH DEPARTMENT

B. FULL WAME OF IT ALL CAUSE WAS UNDERLYING CONTROL OF THE BISEASE OR CONDITION LOSS of the American Control of the Control of the Control of C	BIRTH NO.	CERTIFICAT		Registered	2 4958
B. PLACE OF DEATH A Baltimore City, Maryland B. PULL NAME OF (If not in hospital or institution, give street address or MOSPITAL OR INSTITUTION Intheran Hospital Doctor Intheran Hospital Litheran Hospi	(Thomas on Daint)	SPENCE		OF Man	23. 1952
B. FULL NAME OF INTERIOR INTER				(Where deceased lived, If	institution: residence before admission
C. Length of stay in Baltimore 25 YPS Days 5013 Dermore Avernie Male White Divorced White Divorced White Divorced Sold and of Business or Street of Color or RACE White Male White Divorced Tan 26 1910 12. CITIZEN OF Street Address or Color or RACE White Tan 31 Color or RACE White Tan 32 1910 12. CITIZEN OF Street Address or Color or RACE White Tan 36 1910 12. CITIZEN OF Onancock Va. 13. FATHER'S NAME Griffith Spence 14. MOTHER'S MAIDEN NAME Mamie Lillston 15. WAS DECEASED EVER IN U.S. RAMED FORCES! 16. SOCIAL Ver, agar whatevery of the or of date of service) SCURITY NO. SCURITY NO. SCURITY NO. SCURITY NO. SCURITY NO. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of divine, e.g., in jury or complication which caused death.) ANTECEDENT CAUSE NO. OTHER SIGNIFICANT CONDITIONS CON. OTHER SIGNIFICANT CAUSE NO. OTHER SIGNIFICANT CAUSENS UNDERLYING OR CONDITIONS CON. OTHER SIGNIFICANT CAUSENS UNDERLYING OR CONDITION CAUSING IT. OTHER SIGNIFICANT CAUSENS UNDERLYING OR CONTRIB. STREET ADDRESS (If rural, give location) 10. STREET ADDRESS (If rural, give location) 11. BITHPLACE (State or foreign country) 12. INTERPLACE (State or foreign country) 14. MOTHER'S MADEN NAME Mamie Lillston 15. WAS DECEASED EVER IN U.S. ARRED FOREST 16. SOCIAL 17. INFORMANT ADDRESS CAUSE OF DEATH OTHER SIGNIFICANT OTHER SIG	B. FULL NAME OF (If not in hospital of HOSPITAL OR	location)	C. CITY OR TOWN	(If outside corporate limit	w, write RURAL and giv
C. Length of stay in Baltimore 25 Yrs Days 5013 Demore Avenue S. SEX Male White Divorced Supports Avenue 9 AGE (in years in the black of the black	Ducheran no			(If rural, give location)	
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10. SUSAL OCCUPATION (Give-indeed) 108. KIND OF BUSINESS OR ON CONTROL OF TRANSITY OF TRAN		WIDOWED, DIVORCED (Specify)			
Mamie Lillston Manie Lillston Mani	10A. USUAL OCCUPATION (Give kind of 1 of	OB, KIND OF BUSINESS OR Transit Condustry	11. BIRTHPLACE (State of		U.S.A.
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To the disease or condition causing it. 19a. Date of operation 19b. Major findings of operation 20. Autops yes k now in the properation of the remains described above, held an autopsy thereon and death in my opinion resulted from: natural causes k, accident now in the suicide now in the day stated and death in my opinion resulted from: natural causes k, accident now in the suicide now in	LEADING TO DEATH (This does not mean the mode of of heart failure, asthenia, etc. It means injury or complication which causes and the mode of the state of the s	dying, e.g., (A) Arteri the disease, used death.) DUE TO S (B)	osclerotic Card	iovascular Dis	ease
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21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location Injury occur?) 21c. WHERE DID (If in Baltimore City, give exact location Injury occur?) 21c. TIME (Month) (Day) (Year) (Hour) OF INJURY 22c. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated and death in my opinion resulted from: natural causes (Industry), accident Industry, suicide Industry, industry, industry, suicide Industry, and the said deceased died on the day stated and death in my opinion resulted from: natural causes (Industry), accident Industry, suicide Industry, and the said deceased died on the day stated and death in my opinion resulted from: natural causes (Industry), accident Industry, suicide Industry, and the said deceased died on the day stated and death in my opinion resulted from: natural causes (Industry), and the said deceased died on the day stated and death in my opinion resulted from: natural causes (Industry), and the said deceased died on the day stated and death in my opinion resulted from: natural causes (Industry), and the said deceased died on the day stated and death in my opinion resulted from: natural causes (Industry), and the said deceased died on the day stated and death in my opinion resulted from: natural causes (Industry), and the said deceased died on the day stated and death in my opinion resulted from: natural causes (Industry), and the said deceased died on the day stated and death in my opinion resulted from: natural causes (Industry), and the said deceased died on the day stated and deceased died on the day stated and death in my opinion resulted from: natural causes (Industry), and the said deceased died on the day stated and deceased died on the day stated and deceased died on the day sta	19A. DATE OF OPERATION 19B.		RATION		20. AUTOPSY7
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22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated a and death in my opinion resulted from: natural causes & accident , suicide , homicide , undetermined 23a. SIGNATURE 23a. SIGNATURE 23b. CHIEF MEDICAL EXAMINER				JRY OCCUR?	
ASSISTANT MEDICAL EXAMINER	OF INJURY		L-'		
	22. I certify that I took charge	m. WORK AT WORK e of the remains described	Autop Inquiry, find that said s X , accident \(_, suici	y, Inspection or Inquiry deceased died on to de, homicide, t	undctermined .
Burial May 27 1952 Holy Redeemer Delair Rd. & Moravia Ave	22. I certify that I took charge the evidence obtained by sa and death in my opinion re	e of the remains described and Autopsy, Inspection or esulted from: natural cause	Autom Inquiry, find that said M, accident 238. CHIEF MEDICA ASSISTANT MEDICAL INVESTICAL MEDICAL INVESTICAL	y, Inspection or Inquiry deceased died on to de, homicide, to L EXAMINER	he day stated abovendetermined []. 3c. DATE SIGNED 5/24/52

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	RITE PLAN IY, WITH UNFADING INK. Every item of information should be	is especially important. Physicians: please write the causes of death clearly and legacity.

0-		EALTH DEPARTMENT 52 4959 Registered No.
The	BIRTH NO.	E OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print)	2. DATE OF Warr 2), 1000
ed.	Edward Carpell	DEATH MAY 24, 1952 4. USUAL RESIDENCE (Where deceased lived, If institution: residence
To the second	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address of	A. STATE B. COUNTY before admission)
-	HOSPITAL OR INSTITUTION 526 Saratoga Street	
E &	1349	Baltimore 4-0
E	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
be d le	c. Length of stay in Baltimore Days 5. SEX [6. COLOR OR RACE] 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year It Under 24 Hours
should be	Male Colored Widowed	
on shou	10A. USUAL OCCUPATION (Give kind of work iden done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
clea	Janitor University Club	Middlesburg. N. C. USA 14. MOTHER'S MAIDEN NAME
NG rmatic death	13. FATHER'S NAME	
orm de	Edward Carrell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Sarah Anne Carrell
BINDING of information uses of death cl	(Yes, no or naknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
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	Z 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY Th. WORK NOT WHILE AT WORK AT WORK	E
TE PL	22. I hereby certify that I attended the deceased from I	
E si	23A. SIGNATURE	23B. ADDRESS 23c. DATE SIGNED
B S S	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
	Burial 5/27/52 Mt. Aubur	n Baltimore, Maryland
PLF	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
HO	MAY 26 1952 Huntington Williams MI	C. R. Law 802 Madison Avenue
	VS 150 7708	X

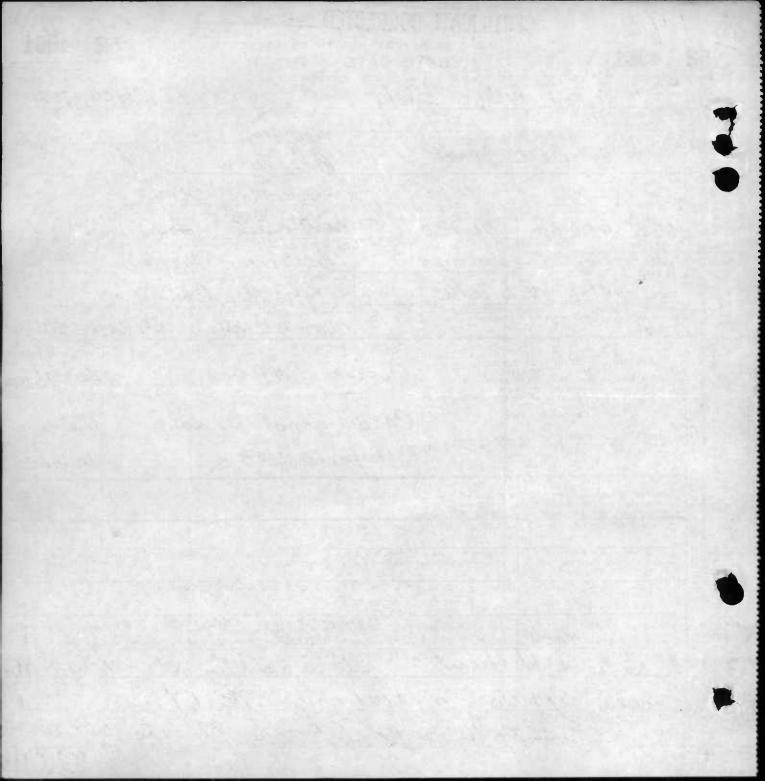


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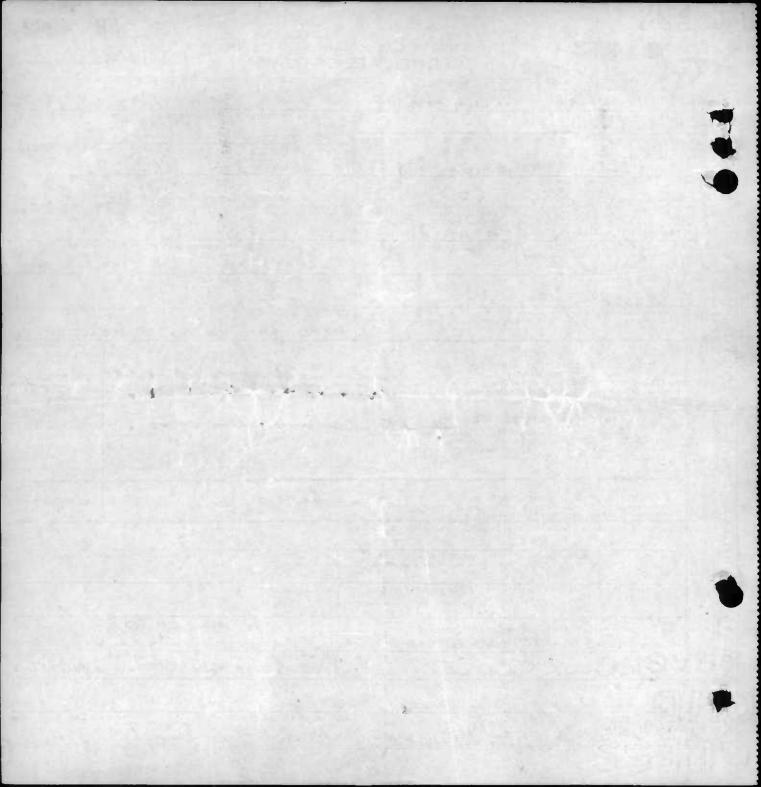
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ilve OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF MAIZU HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give BARRE INSTITUTION More Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days information should be 6. COLOR DR RACE 7. SINGLE, MARRIED 9. AGE (In years | If Under | Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. Coloreo MARRIED 5048 10 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? MORTICIAN 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 661 BARKE (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO LIVELL Jo 20.1 18. CAUSE OF DEATH NTERVAL BETWEEN DNSET AND DEATH Every ite write the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH orondru (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ARDIO-Renal INK. NO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. 正 П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 回 TO THE DISEASE DR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY portant. YES Ü 21A. ACCIDENT WAS UNDER 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID EDI (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from Febluary 28, 1952, to MAY 22 195> that I last saw the deceased alive on MAY 21 195 and that death occurred at 6:05 m., from the causes and on the date stated above. 23A. SIGNATUR 24c. NAME OF CEMETERY 240. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



VS 150

R	RTH NO.		CERTIFICAT	E OF DEATH	Registered N	No	
1.	NAME OF DECEASED	P			2. DATE OF	27 10 5	
	PLACE OF DEATH:	1116	4 MAN	4. USUAL RESIDENCE	(Where deceased lived, If		
В.	Baltimore City, Maryland FULL NAME OF (If not in he	ospital or institut	tion, give street address or	MaryLANG	B. COUNTY	before admission	
	DSPITAL OR ISTITUTION	001.000	location)	C. CITTOR TOWN	If outside corporate limits	s, write RURAL and giv township	
-	3308 001	cchesie	FR VPD Yrs.	D. STREET ADDRESS (If rural, give location)	//	
	Length of stay in Baltimor		Design	3308 D	DORCHESTE	R RO	
1-	SEX 6. COLOR OR RA	WIDOW	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year If Under 24 Hours nths; Days Hours Min.	
1	A. USUAL OCCUPATION (Give ki		OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country	12. CITIZEN OF	
wor	House during most of working life, even if re	ired)	INDUSTRY	RUSSIA	· · · · · · · · · · · · · · · · · · ·	WHAT COUNTRY	
13	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	0 - 0 - 1/1.	
1	1BR9hem			D0 R9			
(Ye	. WAS DECEASED EVER IN U.S. Als, no or unknown) (If yes, give war or	RMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS	
-	18. 4 2 2 . 1		CALIFE	MORRIS RICHM	EN - 3308 1	BRCHESTER R	
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	heart failure, asthenia, etc. It Injury or complication which	means the discas	DUE TO VAL	even a	received.		
-	ANTECEDENT C	AUSES	(B) as	Lerionel	vois.		
TION	DISEASES OR CONDITION RISE TO THE ABOVE CAUSE	S, IF ANY, GIVIN			********		
CAT	UNDERLYING CONDITION	LAST.	(C)		. 5-55-5-6		
E	11		4				
CERT	OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, I TO THE DISEASE OR CONDIT	BUT NOT RELATE	D	abetes		Jim.	
L	19A. DATE OF OPERATION	198, MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
CA	21A. ACCIDENT WAS UNDE		ACE OF INJURY (e. g., i	n or 21c, WHERE DID	(If in Baltimore City, g	YES NO L	
IEDI	LYING OR CONTRIBUTING	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?			
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	22. I hereby certify that I attended the deceased from , 1927, to read 27, 1927, that I last saw the						
	deceased alive on Mey 27, 19 2, and that death occurred at 30 Am., from the causes and on the date stated above						
	Mathauth	Show	М. О.	3100 Jan	seas Alvi.	5/27/52	
710 TI	A. BURIAL, CREMA- 24B. DAT DN, REMOVAL (Specify)	E 100	24C. NAME OF CEMETE	RY OR CREMATORY 24D.	LOCATION (City, town,	or county) (State)	
D	TE RECEIVED BY REGISTR	AR'S SIGNATI	Windson M	25. FUNERAL DIRECTOR	racco	ADDRESS	
M	14 2 P 19 9 3 2 P	= ton 1	Illianis M.P.	ack Leins In	e-2100 64	tow PL	



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4963

Registered No.

ВІ	RTH NO.			CERTIFIC	CAIL	OF DEATH	n .			
1. (T)	NAME OF DI ype or Print)	MAX Y	KOBR	E				2. DATE OF DEATH	74 25, 19.	52
	PLACE OF DI Baltimore C	EATH: Sity, Maryland				4. USUAL RESIDE	ENCE (WI	nere deceased lived. B. COUNTY	If institution: reside before adm	nce ission
B. HO IN	FULL NAME OF				dress or ocation)	c, CITY OR TOWN	(If o	outside corporate li	mits, write RURAL at	nd giv
()	3	812 JORG	HESTE	R RD	37	BELTO		15-	10	Attomb
C.	Length of st	tay in Baltimore	64	4	Yrs. Mes. Rays	3812	n -	ural, give location)	Ro	
	SEX	6. COLOR OR RACE		, MARRIED, ED, DIVORCED		8. DATE OF BIRTH		9. AGE (In years	If Under I Year If Under Months Days Hours	24 Hours
1	YGLE	WHITE	Ma	RRIED				77		
work	A. USUAL OCC. done during most o	CUPATION (Give kind of f working life, even if retired)	108. KIND		OR	11. BIRTHPLACE (S	State or for SS19		WHAT COU	NTRY
13	FATHER'S N					14. MOTHER'S MA				
		SES				NOT K	NOW	N		
15 (Yes	, no or unknown)	D EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY	Y NO.	SAGIE TOB	BRE-	3812 De	ADDRESS OR (46STER	R
	18. 422.1 CAUSE OF DEATH						INTERVAL BE	DEAT		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH The second of the condition of the conditio									
	(This does not mean the mode of dving, e.g.,									
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Brisselensis									
z	ANTECEDENT CAUSES (B) Brei os clevris									
FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO									
CA	UNDERLYING CONDITION LAST. (C)									
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CERTI	TRIBUTING	IGNIFICANT CONDITION TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			• •• ••			
Ļ	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						20. AUTOF	NO		
EDICAL	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, [arm, factory, street, office bldg., etc.] 21b. PLACE OF INJURY (e. g., in or INJURY OCCUR? (If in Baltimore City, give INJURY OCCUR?									
Σ								130		
	m. WORK AT WORK									
	22. I hereby certify that I attended the deceased from 11, 19 1, to 70 1, 1913, that I last saw the									
	deceased alive on 7, 191 and that death occurred at 436 m., from the causes and on the date stated about 23a. SIGNATURE 123c. DATE, SIGN									
		101611	eed		4. D.	2714-1			1/26/50	٧
TIO	A. BURIAL (SON, REMOVAL (S	pecify	12	Windson	mul	RY OR CREMATORY	1 10 -	CATION (City, to	wn, or eounty) (State
	ATE RECEIVED		S SIGNATU	RE	-	25. FUNERAL DIR	RECTOR	- 21cm 8	ADDRESS	7

100 M Mary Crose

	52 49
	BIRTH NO.
	1. NAME OF DE (Type or Print)
	3. PLACE OF DE
	B. FULL NAME OF HOSPITAL OR INSTITUTION
ly.	42
7	
2	c. Length of st
0	5. SEX

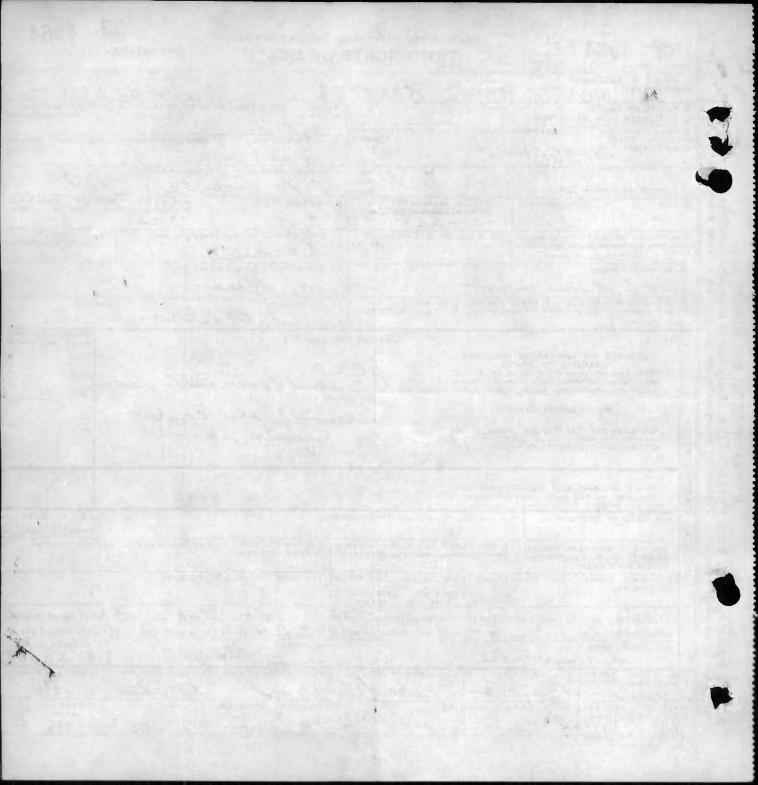
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ADDRESS

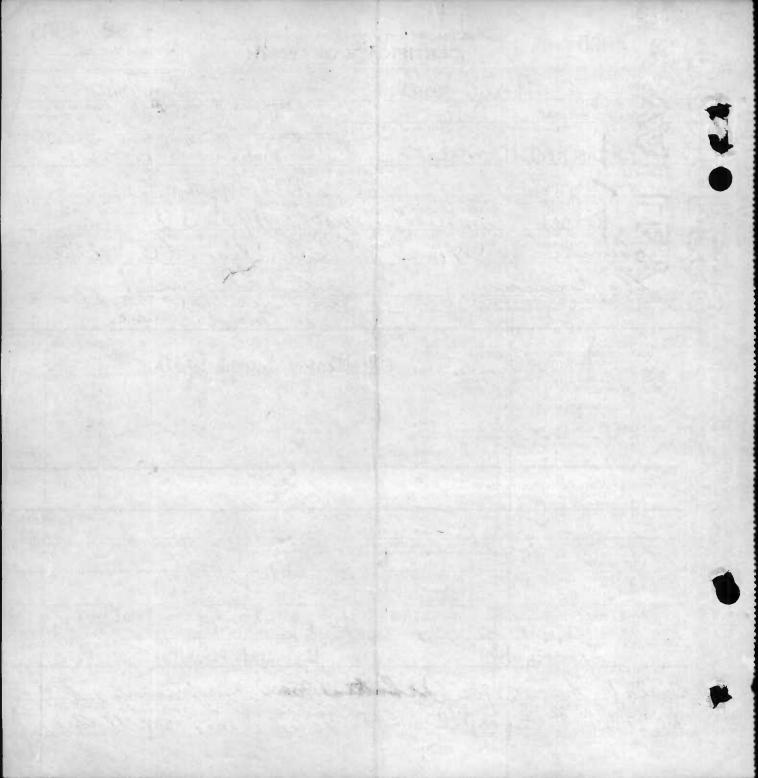
Registered No. CEASED 2. DATE OF HARRY OUIS STATTE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence ity, Maryland B. COUNTY before admission) A. STATE (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits, write RURAL and give INAI 14051 ALTIMOR D. STREET ADDRESS (If rural, give location) Yrs. Mos. av in Baltimore Davs 6. COLOR OR RACE If Under 1 Year 7. SINGLE, MARRIED. 9. AGE (in years) last birthday) | Months: Days | Hours: Min. JINGLE 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME norva 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL APDRESS SECURITY NO. UNKNOWN CAUSE OF DEATH INTERVAL RETWEEN 18. 4221 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) iL. RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL YES 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERabout home, ferm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK 22. I hereby certify that I attended the deceased from 6/22 19520 5/26 . 19 . that I last saw the deceased alive on 6726 and that death occurred at 3 Am., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 238. ADDRESS Julanes 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 248. DATE

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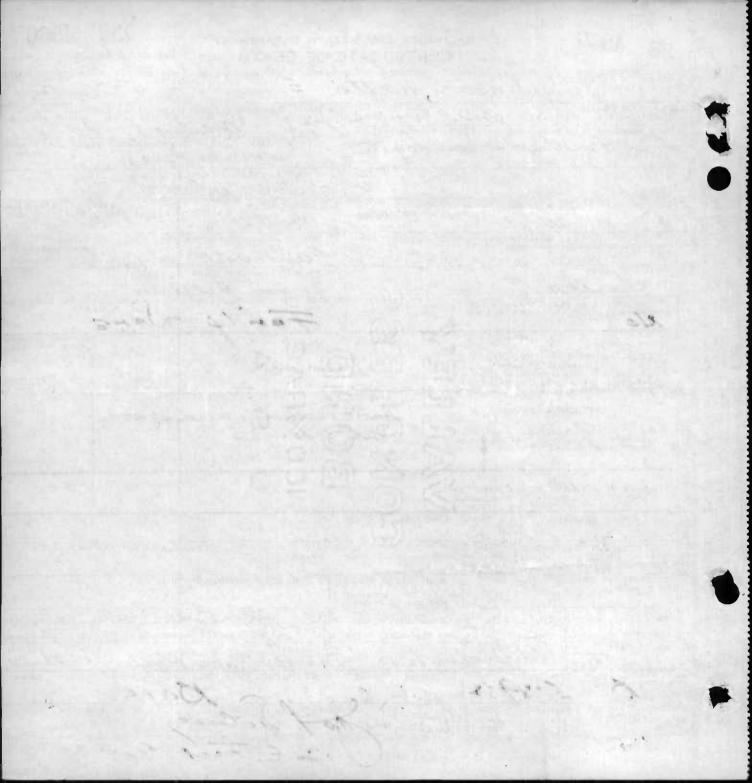
DATE RECEIVED BY LOCAL REGISTRAR



	EG AGOF
BALTIMORE CITY HEALTH DEPARTMENT	52 4965
	tered No.
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH	9/21/52
A. Baltimore City, Maryland A. Baltimore City, Maryland B. COU	
B. FULL NAME OF (If not in hospital or institution, give street address or	NIY before admission)
HOSPITAL OR OCITY OR TOWN (If outside corporation)	ate limits, write RURAL and give
rovident Hospital Bolto.	18-0 township)
Yrs. D. STREET ADDRESS (If rural, give local	tion)
c. Length of stay in Baltimore Days 407 V. Johnston	et e
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, BOATE OF BIRTH 9. AGE (In) WIDOWED, DIVORCED (Specify) last birth	rears
1 (olner married mar. 2/195 57	Months Days Hours Mill.
10A. USUAL OCCUPATION (Give kind of the country) work don't dring most of working fife, exen if retired) INDUSTRY	12. CITIZEN OF
Housewife Ime (alumbia &	WHATCOUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Unknown lenknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	miller
(Yes, no or unknown) (II yes, give war or dates of service) SECURITY NO. 204 Mustle	Ine.
18. 334X CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	4
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	đ
ANTECEDENT CAUSES	
Z (8)	
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В	52 4966	BALTIMORE CITY HE CERTIFICATION	EALTH DEPARTMENT E OF DEATH Registered	No		
1.	NAME OF DECEASED A	nson, Hatte	E C. 2. DATE OF DEATH	26-52		
A.	. PLACE OF DEATH: Baltimore City, Meryland	Balti more	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	an before admission)		
11 1 1 1	FULL NAME OF (If not in hospital OSPITAL OR Frankling)	2 11 1		its, write RURAL and give township)		
		Yrs. Mos.	o. STREET ADDRESS (If rural, give location)	2200		
	. Length of stay in Baltimore 6. COLOR OR RACE	7. SINGLE, MARRIED WIDOWLE, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years last birthday)	If Under 1 Year If Under 24 Hours Months: Days Hours: Min.		
10	DA. USUAL OCCUPATION (Give kind of		6-19-1881 last birthday) 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF		
Wor	k dnneduring most of working life, even if retired)	INDUSTRY	Baltimore	WHAT COUNTRY		
	Lucas		14. MOTHER'S MAIDEN NAME Emma Felix			
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED (If yes, give wer or detes	FORCES? 16. SOCIAL SECURITY NO.	75%	ADDRESS		
	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or eomplication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH (A) OUE TO					
CERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED					
CAL	19A. DATE OF OPERATION 19	B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?		
MEDIC	21a. ACCIDENT WAS UNDER. 21b. PLACE OF INJURY (e. g., ln or 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING about hnme, farm, factory, street, office bldg., etc.) LYING OR DEATH					
2	21D. TIME (Month) (Day) (Year) (OF INJURY	(Hour) 21E. INJURY OCCURRI WHILE AT NOT WHILE MORK AT WORK	ED 21F. HOW DID INJURY OCCUR?			
	22. I hereby certify that I attended the deceased from 5-23 ,1927, to 5-26, 1927 that I last saw the					
	23A SIGNATURE	, 1922, and that death occur	red at 525 m., from the causes and on 38. ADDRESS Translui & war floso	the date stated above. 23c. DATE SIGNED		
710 TIC	4A. BURIAL, CREMA- ON REMOVAL Specify)	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, tow	n, or county) (State)		
	ATE RECEIVED BY REGISTRAR'S	ton Williams, MT	25. FUNERAL DIRECTOR	ADDRESS		
	VS 150		130 E. Fort Du	E		



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BALTIMORE CITY HEALTH DEPARTMENT

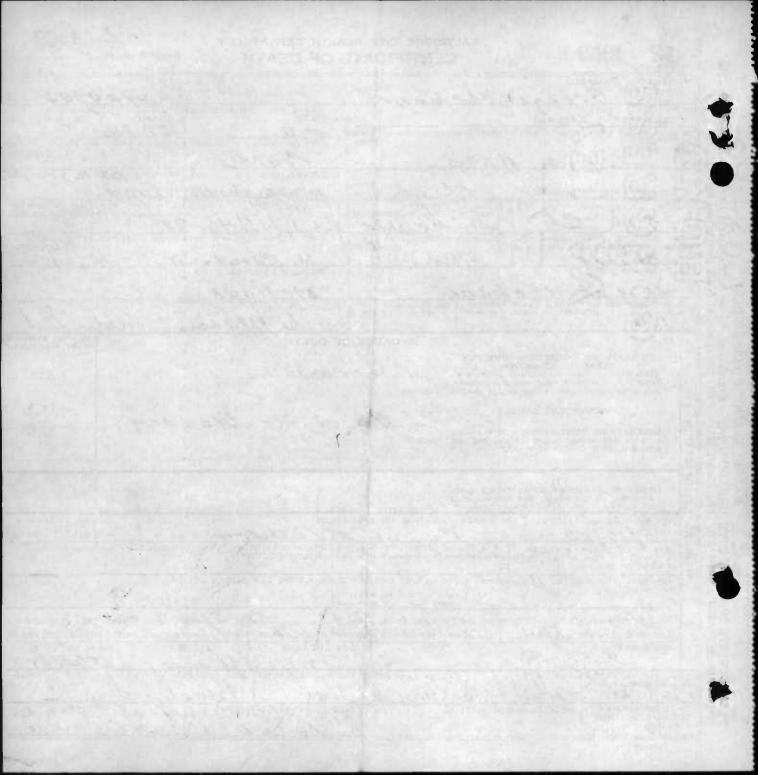
Registered	No.	

BIRTH NO.	968	CERTIFICAT	E OF DEATH	Registered No.		
1. NAME OF DECEASED (Type or Print) Robert H. Imheff 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or			2	OF May 24, 1952	2	
			A. STATE	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission Maryland		
HOSPITAL OR INSTITUTION	1206 Sabi	location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi			
- Tonoth of		Yrs. Mos.	D. STREET ADDRESS (1f rura 1206 Sabin			
5. SEX	stay in Baltimore 6.COLOR OR RACE White	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9.		der 24 Hau rs Mir	
10A. USUAL O	CCUPATION (Give kind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreig			
13. FATHER'S NAME William E. Imhoff			14. MOTHER'S MAIDEN NAME Susannah Hudson			
15. WAS DECEAS	GED EVER IN U. S. ARME (If yes, give war or date		Mrs. Vola O. Imhof	f 1206 Sabina Ave	nue	
ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
O TO THE	OF OPERATION 1	9B. MAJOR FINDINGS OF OPER	RATION - Car April	20. AUTC	DPSY?	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH						
Z1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY MORK NOT WHILE AT WORK TM. WORK						
deceased of	22. I hereby certify that I attended the deceased from 4-7, 1950, to 5-4, 1950, that I last saw deceased alive on 19 and that death occurred at 2 m., from the causes and on the date stated about 1950, 195					
24a. BURIAL. EREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)						
Buria DATE RECEIV LOCAL REGIS	May 28 REGISTRAR		25. FUNERAL DIRECTOR Burgee Funeral Hom	sville, Maryland ADDRESS 3631 Falls Road		
VS 150	4	342 3D	Horace F. Bu	rgee.		

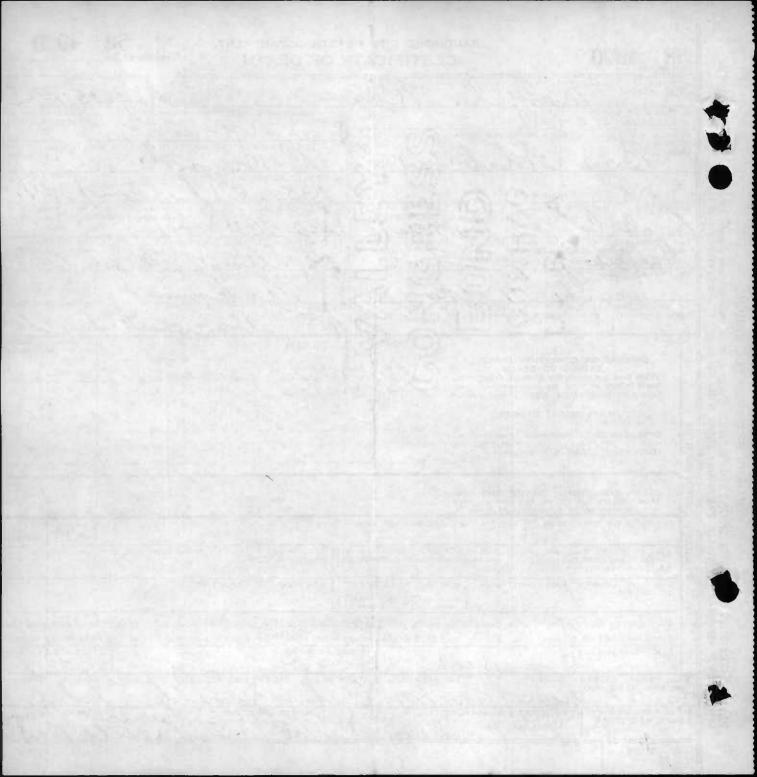
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	BALTIMORE CITY H	EALTH DEPARTMENT 5	2 4969
	52 4969 CERTIFICAT	E OF DEATH Registered 1	No
	1. NAME OF DECEASED (Type or Print) Gronge W. Mchane	2. DATE OF DEATH	24/62
	A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address of location location INSTITUTION		s, write RURAL and give
	Onio Hosp.	D. STREET ADDRESS (If rural, give location)	0 2
0	c. Length of stay in Baltimore 55 Mp. Mos. Days	was Elle	J.
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARKIED, WASOWED, DIFFORCED (Specify)	Jan. 1, 1874 (last birthday) Me	ff Under 1 Year If Under 24 Hours onths Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) On ito 4	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME 14 chance	14. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN. U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mehand Fa	lla Rel
	18. 18 / X CAUSE	OF BEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	conid	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		***************************************
	ANTECEDENT CAUSES	of the bladder	
Total I	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		•
.	UNDERLYING CONDITION LAST. (C)		
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	~ 1 . ~ 1 .	20. AUTOPSY?
	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, INJURY OCCUR?	yes No No give exact location)
	21D. INJURY OCCURRED OF INJURY OCCURRED OCCURRED OF INJURY OCCURRED OF INJURY OCCURRED OF INJURY OCCURRED OCCURRED OF INJURY OCCURRED OCCURRED OF INJURY OCCURRED O	RED 21F. HOW DID INJURY OCCUR?	
	m. WHILE AT NOT WHILE		
2	22. I hereby certify that I attended the deceased from 5/2 deceased alive on 5/2 deceased alive on 5/2 deceased.	94 1952 to 5/24 , 1953 urred at 4/22 m., from the causes and on t	that I last saw the he date stated above.
	23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
0	24A, BURIAL, CREMAL 24B, DATE 24C, NAME OF CEMETI	ERY OR PREMATORY 24D. LOCATION (Gity, town	(State)
1	DATE RECEIVED BY REGISTRAR'S SIGNATURE	LOV Sulfing	Adopted
	MAY 27 1952 Turtington Williams, MS	1631 oruid de	Il ane.
	NO 170		



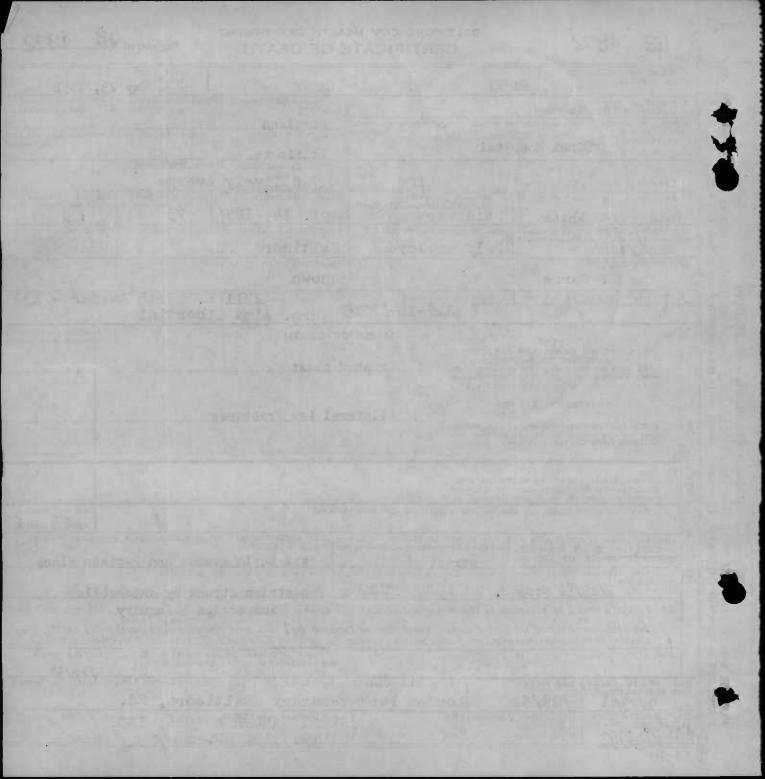
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The		2 4970 RTH NO.	CERTIFICATE C		Registered No.	49'70
T.	1.	NAME OF DECEASED when the property of Print)	E. Russ		2. DATE OF MAN	5 1952
57	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or i	A. S	STATE A SULLA		tution: residence before admission)
I.	H	DSPITAL OR STITUTION	#1 A: \ /	CITY OR TOWN	tside corporate limits, w	ite RURAL and give
333	C.	Length of stay in Baltimore	Yrs. D. S. Mos. Days	STREET ADDRESS (If Alar	ral, give location)	A St.
and l	5.	SXX 6.COLOR OR RACE 7.6	HOLE, MARRIED, (Mecify)	PATE OF BIRTH	O. AGE (in years If Under last birthday) Months	
n should	10 work		KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or force	ign country) 12.	CITIZEN OF WHAT COUNTRY!
G mation eath c	13	FATHER'S NAME	14.	MOTHER'S MAIDEN NAM	E , M.	, , ,
BINDING of information uses of death cle	15 (Ye)	. WAS DECEASED EVER IN U. S. ARMED FOR no or unknown) of yes, give war or dates of ser	CES? 16. SOCIAL 17/	INEGRMANT B	1000 ADDE	1 11
S H S	4	18. 170X I	CAUSE OF	DEATH	13320114	INTERVAL BETWEEN ONSET AND DEATH
H PH		LEADING TO DEATH (This does not mean the mode of dyinheart failure, asthenia, etc. It means the	disease, (A) Mytas	tatic care	in on as	1950-52
05		injury or complication which caused	death.) DUE TO			
	ATION	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.				***************************************
MARGIN NFADIN nysicians:	rific/	11	(C)			WHERE A CHICAGO AND A PROPERTY AND A PARTY
MARGIN UNFADING Physicians:	CER	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OR CONDITION CAU	RELATED			
ht .	CAL	0	AJOR FINDINGS OF OPERATIO			YES NO
r, WITH	MEDI			21c. WHERE DID (If i	n Baltimore City, give	exact location)
Ally		21D. TIME (Month) (Day) (Year) (Hou OF INJURY	m. WHILE AT NOT WHILE MORK AT WORK	21F. HOW DID INJURY (OCCUR?	
E PL		22. I hereby certify that I attended deceased alive on 124, 19.	d the deceased from Oforth			at I last saw the
WRITE PLA		23A. SIGNATURECR. Cambo	Well M.D. 71	8 Dolphin	84. 5	-27-52
E B	24	AA. BURIAL, CREMACE B. DATE ON, REMOVAL (Specify) MAN 29	902 MV. Cus	RCREMATORS 240. LOC	ATION (Cuy, town, or c	oynty) (State)
PLEA		TE RECEIVED BY REGISTRAR & SICOLAL REGISTRAR	- 1/11/2	FYNERAL DIRECTOR	June 1	I am
		VS 150	1 10			



S	52 4971 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH Registered No.	4971
	NAME OF DECEASED (Type or Print) L1221e L. Wimpes	2. DATE OF DEATH 5/2	5/52
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	itution : residence before admission)
B.	FULL NAME OF (f not in hospital or institution, give street address or OSPITAL OR location)		re
11	2716 Maryland Ave	C. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give township)
c.	Yrs.	D. STREET ADDRESS (If rural, give location)	
c.	Length of stay in Baltimore Days	2716 Maryland Ave.	
	F 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	May 15, 1882 1 Nonth	Days Hours Min.
MOL	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) House wife Home	11. BIRTHPLACE (State or foreign country) 12 Alabama	CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	William Burt 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	Rinda Bice	
(Ye	of no of this (If yes, sive was or dates of service) none none	Ruby M Ouzts, 700 W. 40th	
CATION	injury or complication which caused death.) DUE TO	iosclerotic Heart Disease ancing Age None	
ERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	None	
O	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER.		20. AUTOPSY?
CAI	21a. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in		exact location)
EDI	UNDERLYING OR CONTRIB. about home, furm, factory, street, office bldg., et uting Cause of Death.	to.) INJURY OCCUR?	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY		
	None m. Work AT WORK	None	
	22. I certify that I took charge of the remains described a the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Autopsy. Inspection or Inquiry nquiry, find that said deceased died on the d ★ accident □, suicide □, homicide □, unde	termined [].
		D. MEDICAL INVESTIGATOR	ATE SIGNED
		RY OR CREMATORY 24D. LOCATION (City, town, or c	
	Burial 5-29-52 Talladega	Talladega, Ala.	
	Burial 5-29-52 Talladega ATE RECEIVED BY REGISTRAR'S SIGNATURE	Talladega, Ala. 25. FUNERAL DIRECTOR HOWARD H. Hubbard 2503 Edmo	ounty) (State)

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0-	6	00				
		52 4972	BALTIMORE CITY HE CERTIFICATE	EALTH DEPARTMENT E OF DEATH	Registered N	2 4972
The	1.	NAME OF DECEASED			2. DATE	
7	<u> </u>	ype or Print) HARRY	E.	CARRE		5, 1952
Ä	3. A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If i B. COUNTY	nstitution : residence before admission)
Ing	H	SPITAL OR	titution, give street address or location)	Maryland c. CITY OR TOWN (If o	outside corporate limits	write RURAL and give
	IN	Sinai Hospital		Baltimore	9-0	township)
, q	-		Yrs. Mos.	o. STREET ADDRESS (If r		
legib	C,	ngth of stay in Baltimore 6. COLOR OR RACE 7. SIR	Life Days	2740 Tivoly A		Under 1 Year It Under 24 Hours
should be		Male White Wi	dowed, divorced (Specify)	Sept. 14, 1876	last birthday) Mor	nths Days Hours Min.
hou		done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY!
on s	13	Handyman Sel	lf employed	Baltimore, Md.		USA
natic		? Carre	U	nknown		
BINDING of information shoul uses of death clearly	15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCE (If yes, give war or dates of service) NO	16. SOCIAL 219-18-17 376	17. INFORMANT2211 E	. North Av	onue - 13
of il		18. E812. 4		OF DEATH	percrut	INTERVAL BETWEEN
R m cat		DISEASE OR CONDITION DIREC		OF DEATH		ONSET AND DEATH
VED FOR Every iten		(This does not mean the mode of dying heart failure, asthenia, etc. It means the	c, e.g., (A)Crushe	ed chest	*******************************	
Ever write		injury or complication which caused				
63		ANTECEDENT CAUSES	Rilate	ral Leg Fractures		
RESERVED INK. Ever please write	ZO	DISEASES OR CONDITIONS, IF ANY,	GIVING		••••••••••••	
G I	ATI	UNDERLYING CONDITION LAST.	(C)		***************************************	
MARGIN UNFADING Physicians:	FIC					
FA.	RTI	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE GEATH, BUT NOT RE	ELATED			
M CUN Phy	CE	19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	ATION		20. AUTOPSY?
H.	AL			or 21c. WHERE DID (If	in Baltimore City, g	YES NO X
Y, WITH	DIC	UNDERLYING I OR CONTRIB. about h	PLACE OF INJURY (e. g., in nome, farm, factory, street, office bldg., e	tc.) INJURY OCCUR?		8/2
Y, mpo	ME	210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	East North Ave		man Place
À À		OF INJURY 5/25/52 9:05 P.	m. WHILE AT NOT WHILE	x Pedestrian str	ick by automo	bile
PLA		22. I certify that I took charge of	the remains described a	bove, held aninspection	on & inquiry	
E]		the evidence obtained by said	Autopsy, Inspection or I	nquiry, find that said dec	nspection or Inquiry ceased died on the	day stated above
RIT is (and death in my opinion result 23A. SIGNATURE	ea from: natural eauses	23B. CHIEF MEDICAL E	XAMINER X 230	. DATE SIGNED
E WRITE PLA		1310.		.D. MEDICAL INVESTIGATO	OR 🗆 📗	5/26/52
300	TIC	N, REMOVAL (Specify)		Ceme tery Balti	more, Md.	or county) (State)
PLF		burial 5/29/52		35 FUNERAL ARRECTOR		ADDRESS
н 5	M	27 1952 Huntington	Villiams M.P.	BALTO 13. MD	SONS, INC.	Ande V
	V	S 151 N862.2.		, , ,	8 . 8	

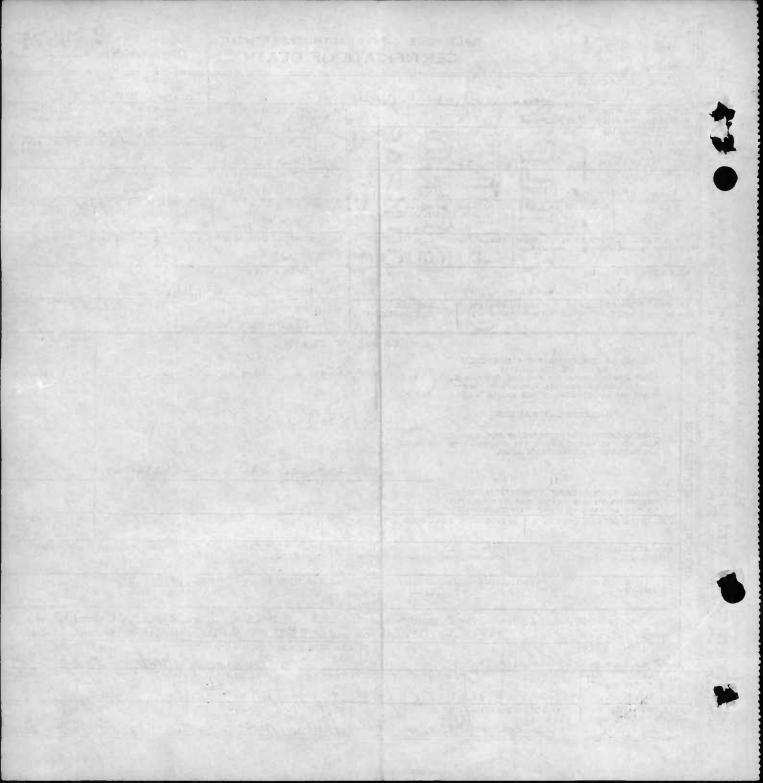


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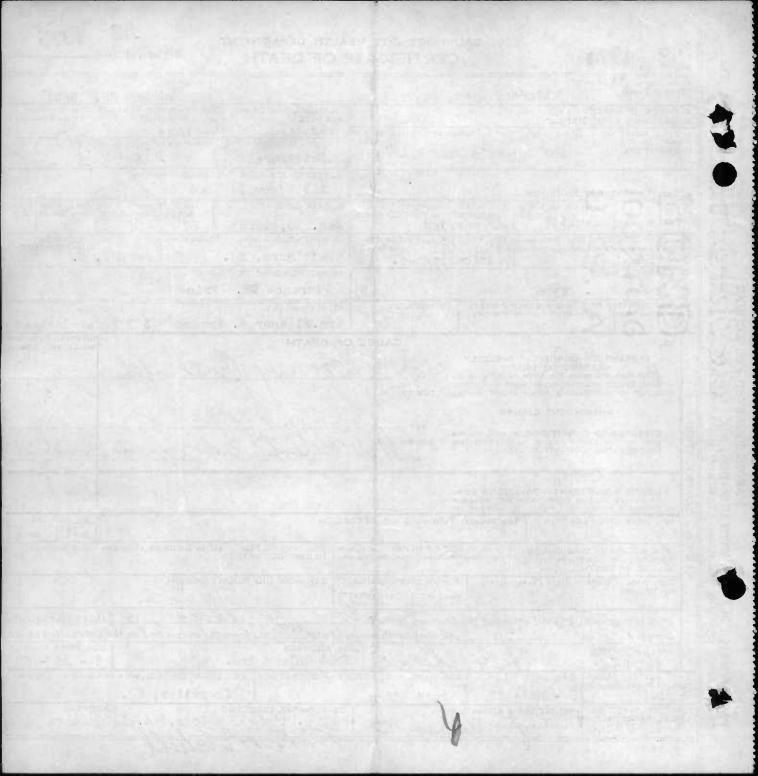
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) May 24, 1952 OF JAMES C. SMITH DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION US Public Health Service location) (If outside corporate limits, write RURAL and give Baltimore Wyman Pk. Drive & 31st st Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3002 Taylor Avenue c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED last birthday) Months Days Hours Min. 8. DATE OF BIRTH 9. AGE (In years) WIDOWED, DIVORCED (Specify) 5/20/97 10A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY INDUSTRY Maryland Machine Shop 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Amanda Minerx Spicer Samuel L. Smith 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) (If yes, give war or dates of service) 216-07-9760 Records- US PHS Hospital, Balto, Md. WWI - USA Yes INTERVAL BETWEEN 18. CAUSE OF DEATH 741X At least DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., cardiac insufficiency 1 month heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO At least ANTECEDENT CAUSES Cor pulmonale 1 month RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING At least RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Emphysema, pulmonary 11 Asthma 20-30 yrs. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA YES 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltlmore City, glve exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE May 17 1952, to May 24 _, 152, that I last saw the 22. I hereby certify that Lattended the deceased from-deceased alive on May 21 19 52 and that death land that death occurred at \$50P m., from the causes and on the date stated above. 23A. SIGNATURE US PHS Hospital, Balto, Md. 7 W. Patrick 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 248, DATE burial Mount Olivet Cemetery Baltimore, DATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR Vellacus.

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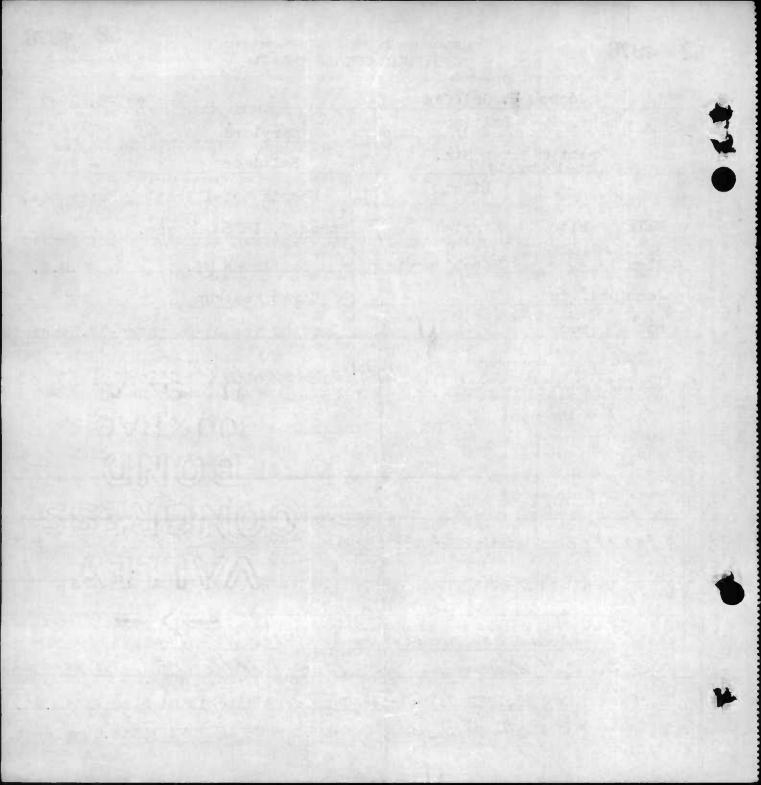


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The	ВІ	52 49 IRTH NO.	975		CERTIFICATI			d No.
ed. T	1. (T	NAME OF Daype or Print)		say Dys	on Dryden		2. DATE OF DEATH MA	y 25, 1952
III.	B. H	PLACE OF D Baltimore (FULL NAME OSPITAL OR NSTITUTION	City, Maryland		ion, give street address or location) Road	A. STATE	0 ~	
ld be cand legions	5.	SEX	tay in Baltimore		life Yrs. Mos. Days E. MARRIED. PED, DIVORCED (Specify)	D. STREET ADDRE	9. AGE (In years	
information should be	10 worl	resident		108. KIND Retail	rried OF BUSINESS OR Oil INDUSTRY Ating Co.	Baltimore,	State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY?
rmati	6		k W. Dryden			Florence I		
of info	15 (Ye	5. WAS DECEAS:	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO.	Mrs.Eleanor	F. Dryden 30	ADDRESS 7 Edgevale Road
UNFADING INK. Every item of i Physicians: please write the causes	FICATION	(This does heart failuinjury or DISEASE:	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of ANTECEDENT CAUS SOR CONDITIONS, II HE ABOVE GAUSE (A) VING CONDITION LA	TH If dying, e. g Insthe diseas Eaused death EES F ANY, GIVIN STATING TH	(A)	of orary Or orary coscleration	Occlusión Cordio Vasa	ONSET AND DEATH
UNFADING Physicians:	CERTII	TRIBUTING TO THE D	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	.D T		н	
Y, WITH important.	DICAL	21A. ACCIE	ENT WAS UNDER-	21B. PLA	FINDINGS OF OPER CE OF INJURY (e. g., i arm, factory, street, office bldg.,	n or 21c. WHERE D		yes No Paragraphy, give exact location)
	ME	CAUSE OF		(Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID	INJURY OCCUR?	
SE WRITE PLAN age is especially		deceased a			and that death occur		, from the eauses and o	that I last saw the n the date stated above. 23c. DATE SIGNED 5 - 26 - 52
SE		4A. BURIAL. ON, REMOVAL (S Urial	5 - 28 -	52	Druid Ridge		Pikesville, Mo	own, or county) (State)
PLE	L	ATE RECEIVE MAY 27		-1/1/	liaus- MJP.	John O. Mitch		1900 Eutaw Place
		VS 150	A .		290	6K	ficult	



12	497	6	BAI		EALTH DEPARTMENT	Pagistavad N	02 43/b
	RTH NO.			CERTIFICAT	E OF DEATH	Registered N	10
1. (T	NAME OF D ype or Print)	Joseph	P. Gri	ffin		2. DATE OF DEATH May	25. 1952
	PLACE OF D		Balti		4. USUAL RESIDENCE (
11	FULL NAME			ion, give street address or	36 3 9	S. COONTT	berore admission)
	STITUTION	Pratt & E	ntaw S	t.g.	C. CITY OR TOWN (I	254 25	
19.	0	Hotel Mor			Baltimor		O Lowising.
			Lif	e Yrs.	D. STREET ADDRESS (If		
	Length of s	tay in Baltimore	1 7 CINCI	Days	Morris Hot	Ol Pratt &	Eutaw Sts.
3.	Male	White	Marr	E. MARRIED, /ED, DIVORCED (Specify) 1 ed	March 7, 1886	last birthday) Mo	onths Days Hours Min.
		CUPATION (Give kind of	10B, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f		12. CITIZEN OF
Wor	Clerk	of working life, even if retired)		1 Morris	Baltimore	114	WHAT COUNTRY?
13	FATHER'S		1 110 00	1 1:011 15	14. MOTHER'S MAIDEN N	IAME	U.S.A.
	John	Griffin			Sarah McEl	gun	
15 (Ye	. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
1	no	none		SECORITY NO.	Dorothy Treb	es-Daughter	-lW.Henriett
	18. 153	X .		CAUSE	OF DEATH		INTERVAL BETWEEN
		SE OR CONDITION		01.		T	
	(This does	LEADING TO DEA	of dying, e. 1	s., (A) Ude	nocacinom	a ransu	400 4 /15 2 Mo.
		re, asthenia, etc. It mes complication which		DUE TO	no caremon	monary meta	et.
	4.10	ANTECEDENT CAUS	SES			/	
Z	DISEASE	S OR CONDITIONS, I	E ANY CIVIS	(B)			********
E	RISE TO T	HE ABOVE CAUSE (A)	STATING TI				
RTIFICATION				(C)			
E		11					
日日	OTHER S	GONIFICANT CONDE	NOT RELATE	V -			
Ü	TO THE D	ISEASE OR CONDITION	CAUSING I	_			20, AUTOPSY?
AL.	11 Feb	1949	A dead	marino	na transver	se colon	YES NO 2
DICA		ENT WAS UNDER	21B. PL.	ACE OF INJURY (e. g.,	n or 21c, WHERE DID ((If in Baltimore City,	
MED	CAUSE OF	R CONTRIBUTING DEATH	about nome,	farm, factory, street, office hldg.,	etc.) INJURY OCCUR?		
2	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OI MISORY		m.	WHILE AT NOT WHILE			
	22. I hereb	y certify that I at	tended the	deceased from 7 K	May , 1952 to 2	5 May , 1971	that I last saw the
	deceased a	live on 23 may	1952	and that death occur	rred at 7:30 Am., from t	the causes and on th	he date stated above.
	23A. SIGNA		Pinnia		15 E. Bidd.	le St.	23c. DATE SIGNED
2.	4A. BURIAL,	CREMA- 24B. DATE	100000	24C. NAME OF CEMETE		OCATION (City, town,	or county) (State)
TI	ON, REMOVAL (S Buria	May 28	,1952	Holy Cross	Cemetery Rito	chie Highwa	y Balto Md.
P	ATE RECEIVE	D BY REGISTRAR	SIGNATI	IRE	25. FUNERAL DIRECTOR		ADDRESS
MA	45142	Thurting	don IV	Maus, M.P.	KRAUSE FUNERAL	HOME 1216	S.CharlesSt.
	VS 150	0			Λ -		

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No

before admission)

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

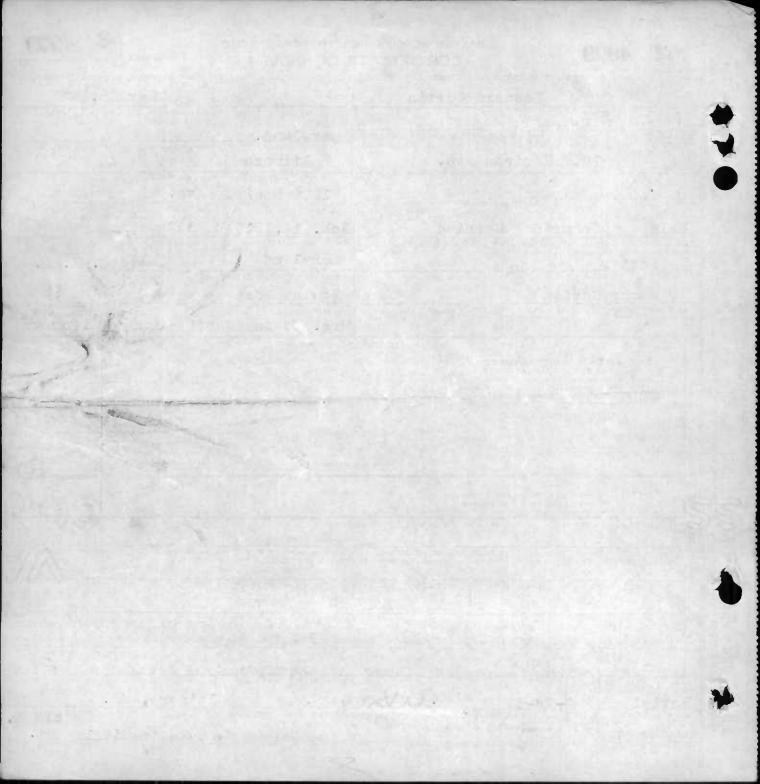
ONSET AND DEATH

20. AUTOPSY

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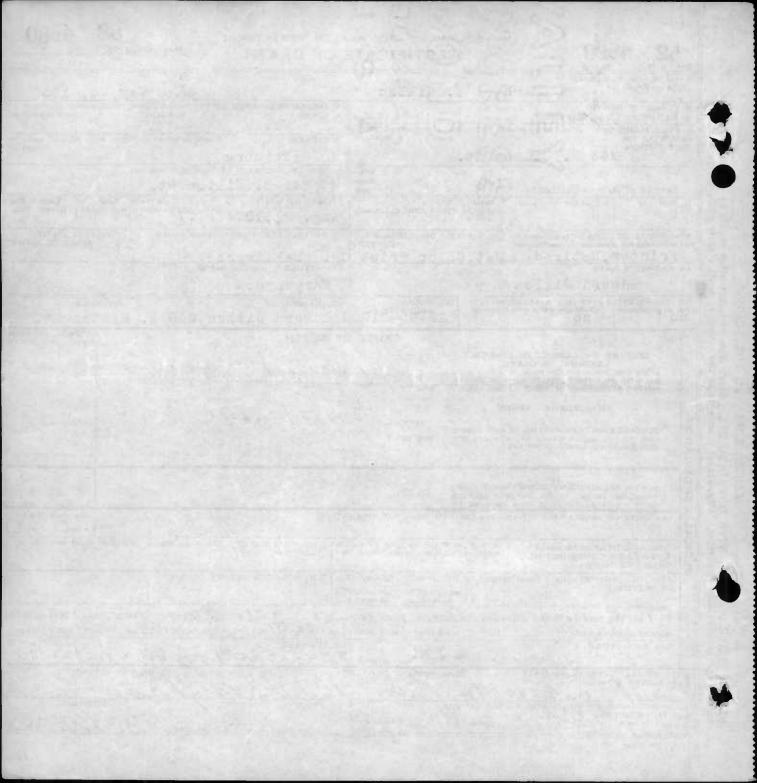
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The	BI	52 4 RTH NO.	979	BALTIMORE CITY HE CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Segistered No	4979
I. T.		NAME OF D		nard Curtis		of May 25, 1	952
*	3.	PLACE OF D	EATH: City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If institution	
sui	В.	FULL NAME		l or institution, give street address or location)	Maryland.		
À.		OSPITAL OR	1009 Madi	,	Baltimore (If	outside corporate limits, write l	RURAL and give township)
0 000	C	Length of s	tay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 1		
be ld l	5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If Under I Years last birthday) Months Da	
should arly ar	1	Male	Colored CUPATION (Give kind of	Married 10B. KIND OF BUSINESS OR	Reb. 14,1917		IZEN OF
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leat		Jame	s Curtis		Louisa Ross		
of of	15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
em of in				SECONTI NO.	Mrs. Louisa Cu	rtis 1009 Madi	son Av
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UNFADING Physicians:	CERTIF	TRIBUTIN	II SIGNIFICANT CONDIT S TO THE DEATH, BUT I	NOT RELATED			
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Ally	~	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK NOT WHILE AT WORK					
TE PLA		22. I herel	by certify that I att	ended the deceased from	4-29-,12/2,00 -	1-24-, 19×2 that	I last saw the
TE	8	deceased a		, Low orthogram oction			
WRITE ge is est		23A. SIGNA	AURE	Day 1/2017	23B. ADDRESS	At 1100 23C.	DATE SIGNED
Z W	2.	4A. BUBIAL.	CREMA 246, DATE	24C. NAME OF CEMETE	ERY OR CREMATORY 24D. M	OCATION (City, town, or coun	ty) (State)
4	TI	on, REMOVAL (Burial	5-28-5	2 MARIONI	LILA Ba	Itimore, Md.	
PLE		ATE RECEIVE	D BY REGISTRAR'	SISIGNATIVE	25. FUNERAL DIRECTOR		ESS 578 W.
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d. The	1.	NAME OF D		hael E. Gillen		2. DATE OF DEATH May 2	5. 1952
-		PLACE OF D Baltimore	City, Maryland		4. USUAL RESIDENCE (W		
722	H	FULL NAME OSPITAL OR ISTITUTION		al or institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give township)
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VDING information should be s of death clearly and		M.	6. COLOR OR RACE	7. SINGLE, MARRIED.	Aug. 21,1874	last birthday) Month	Days Hours Min.
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E, WITH	EDI		DENT WAS UNDER- OR CONTRIBUTING DEATH	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		If in Baltimore City, give	exact location)
y im	Σ	210. TIME OF INJURY	(Month) (Day) (Year	(Hour) 21E. INJURY OCCURE		Y OCCUR?	
PLA		22. I herei	by certify that I at:	m. work AT WORK	port , 195/ to	May 25, 1952,	hat I last saw the
E WRITE PL.		deceased of	live on May 25	_, 1952. and that death occur	rred at 3:50 Pm., from t		date stated above.
E WR	_	4A. BURIAL.	(fe)	24c. NAME OF CEMET	3325 tred	OGATION (City, town, or	5 26/52
E a	TI	ON REMOVAL		9.19(2 New 6	ethedral 12	Tolling	
PLF		ATE RECEIVE	TRAR	rator Welliams, M.	25 FUNERAL DIRECTOR	Dole / 1912 W.	Satting &
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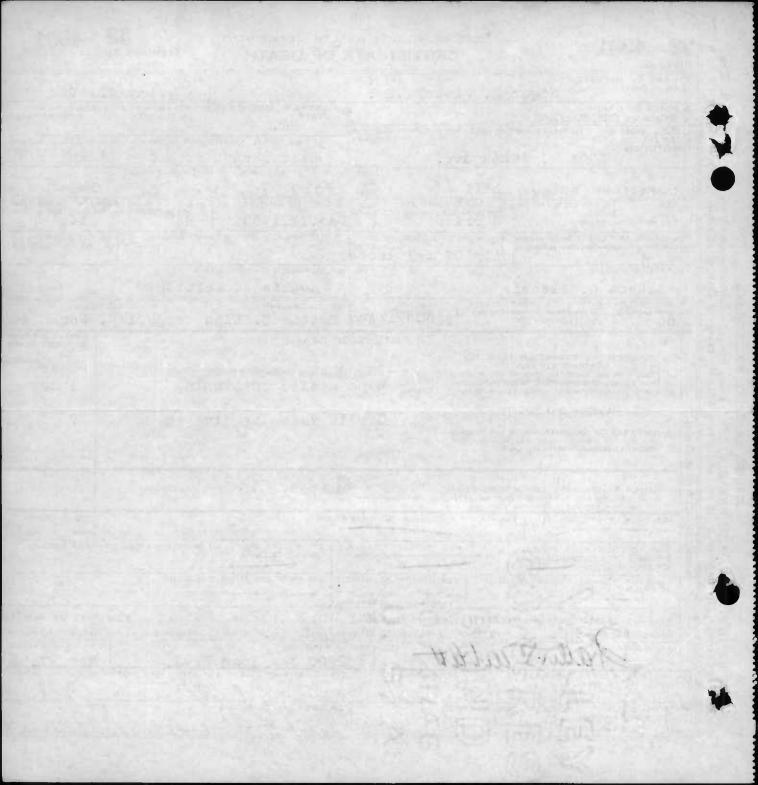
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

16. SOCIAL

(C) .

2. DATE DEATH May 25,1952 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. STATE before admission) C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore D. STREET ADDRESS Yrs. (If rural, give location) Days Hours Min. last birthday) If Under 1 Year AGE (In years Months: Days Dec.11,1888 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Baltimore 14. MOTHER'S MAIDEN NAME Sophia K. Schulte: 17. INFORMANT ADDRESS Hattie C. Wiencke, 3001 W. North Ave INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Coronary Thrombosis hypo static pneumonia day Cardio vascular disease o static westments 20. AUTOPSY 198. MAJOR FINDINGS OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE . 152, to May 25, 1952 that I last saw the . 19 52 and that death occurred at 8 A.m., from the causes and on the date stated above. 23B. ADDRESS 23c. DATE SIGNED May 27. 2220 Garrison Blvd 24D KOCATION (City, town, or county) 24C NAME OF CEMETERY OR CREMATORY ADDRESS 28 FUNERAL DIRECTOR

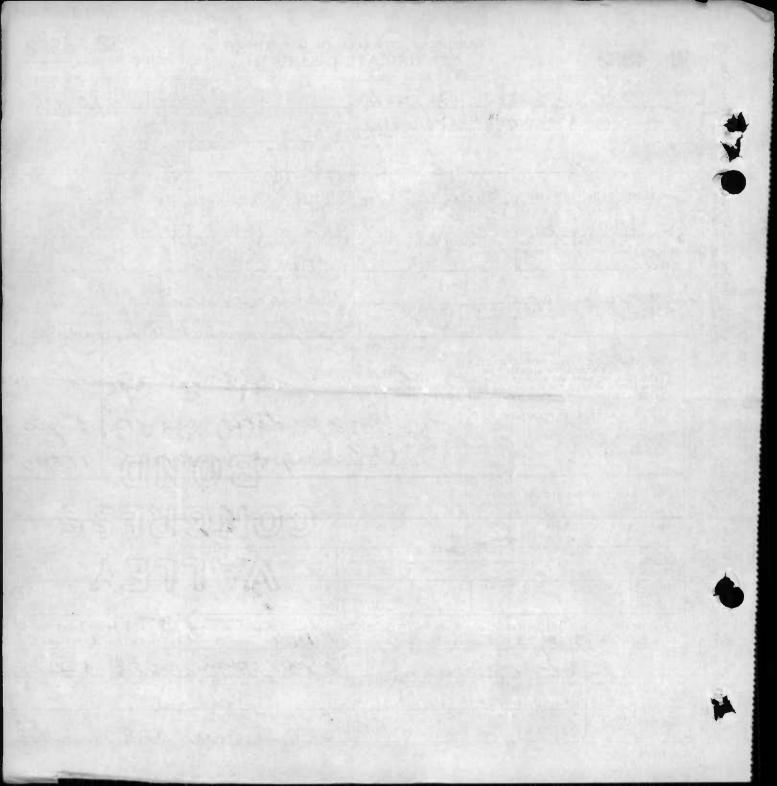
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BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

Registered No. 4982

15	2 4982 CERTIFICATE OF DEATH Registered No.					
B	NAME OF DECEASED	DERVIN TOXIL				
(3	ype or Print) Elizabeth d.	Brandt		DEATH May 9	521952	
A.	Baltimore City, Maryland 3744 Clarkey Over		4. USUAL RESIDENCE (Whe	B. COUNTY	ution: residence before admission)	
H	DSPITAL OR IST(TUTION	location)	C. CITY OR TOWN (If ou	tside corporate limits, wri	te RURAL and give	
1	(1)		Balto.	26-0	3 township	
C	Length of stay in Baltimore Lil	Yrs. Mos. Days	3744 Clmles	ral, give location)		
5	SEX 6. COLOR DR RACE 7. SINGLE, WIDOWE	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	AGE (In years if Under last birthday) Months	Year Hours 24 Hours Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR work dimeduring most of working big, even if retired) INDUSTRY			1). BIRTHPLACE (State or fore		CITIZEN OF	
	derizewil.	md. WHAT COUNTRY?				
9	Seorge le lengt	C	14. MOTHER'S MAIDEN NAM	E Ada alt		
1.5 (Ye	WAS DECENSED EVER IN U. S. ARMED FORCES? s, ao or unknown) (IV yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS	
	18. 422.2	CAUSE O	nss. I. Mungne	~2740 alam	NTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY	CAUSE O	r DEATH		NSET AND DEATH	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
7	ANTECEDENT CAUSES Alufo Cadilis 3-410					
TIOL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (IA) STATING THE UNDERLYING CONDITION LAST. DUE TO					
FICA	UNDERLYING CONDITION LAST.	(c) OF	esity of fly	where	1040	
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		VV			
L		FINDINGS OF OPERA	TION		20. AUTOPSY?	
EDICAL	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in nr LYING OR CONTRIBUTING about home, farm, factory, atreet, nffice bldg., etc.) INJURY OCCUR?			xact location)		
Σ	OF INJURY WE	IE. INJURY OCCURRED	21F, HOW DID INJURY C	OCCUR?		
	22. I hereby certify that I attended the deceased from may 1, 1974 to may 25, 1957 that I last saw the					
		eased alive on 13, 1952, and that death occurred at 1210 Pm., from the causes and on the date stated above.				
	- Litte ommen. 9858 9dayant 1 5-27-12					
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CENETERY DR CREMATORY 24D. LOCATION (City, town, or county)						
101	ATE RECEIVE OY REGISTRAT'S SIGNATUR		25. FUNERAL DIRECTOR	ADD	RESS	
M	Al 27 1300 Huntington	illiams, My	eors la cot 1201-0	3. R. Patt P	askedrou	
	Y					



ADDRESS Mrs. E. May Bentley - 452 Chapel Gate INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY NO X (If in Baltimore City, give exact location) the stream Parkton Street in Washed down streamin flood waters 22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from; natural causes \(\), accident \(\) suicide \(\), homicide \(\), undetermined \(\). 23c. DATE SIGNED 24D. LOCATION (City, town, or county) 151

before admission)

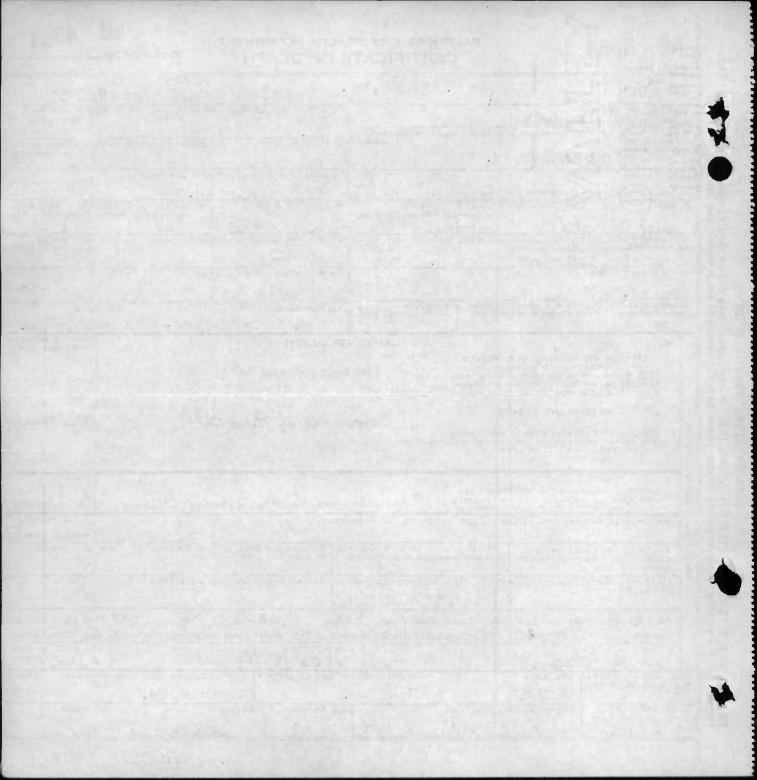
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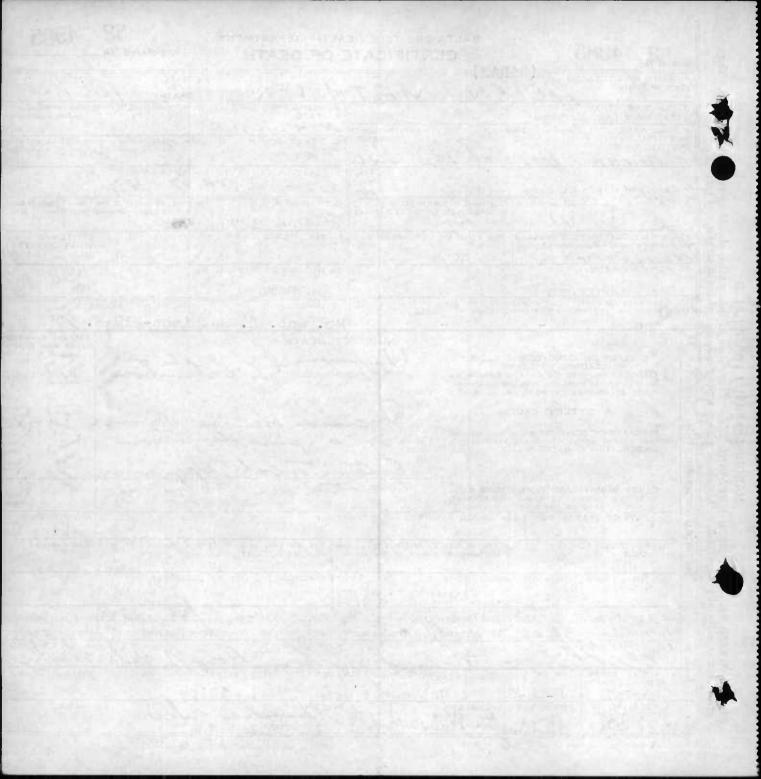
12. CITIZEN OF

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12. CITIZEN OF

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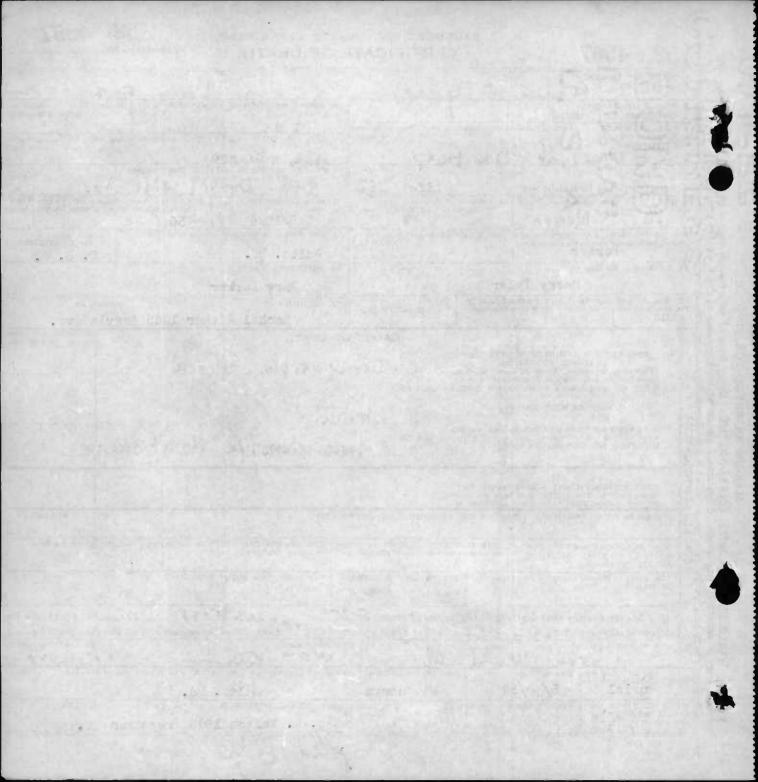
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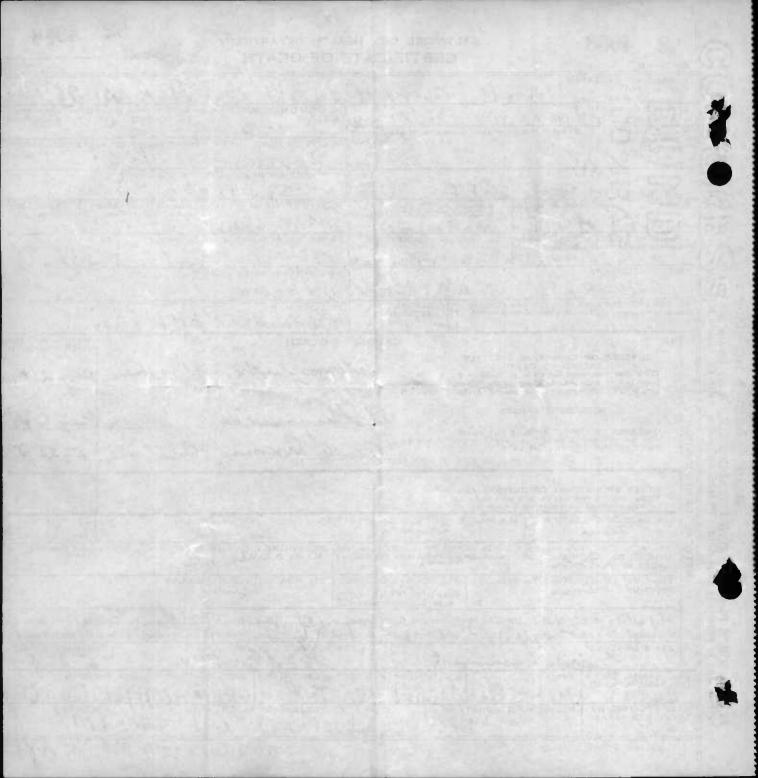
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14		FULL NAME	ity, Maryland OF (If not in hospit	al or institut	ion, give street	address or	A. STATE		B. COUN	TY	before admission
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fu oly.	3	4 0	viv. of	YIde	Yrs. D. STREET ADDRESS (IMAPQ	ural, give location	1-0	
	c.	Length of st	cay in Baltimore		Life	Mos. Days	944	Dru		\ A	
d be	-	SEX	6. COLOR OR RACE		E. MARRIED,		8. DATE OF BIR		9. AGE (In yes	ars i Under	1 Year It Under 24 Hours Days Hours Min.
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		done during most o	CUPATION (Cive kind of f working life, even if retired) OFT 61	10B. KINE	OF BUSINE	SS OR NDUSTRY	11. BIRTHPLACE		eign country)	12.	CITIZEN OF WHAT COUNTRY
tion h cl	13	FATHER'S N					Balto.		ME		J. S. A.
VDING information of death cle			Harry Ty	ler			Marv	Parker			
Div of o	15 (You	. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURI		17. INFORMANT	ADDR	ESS		
R BINDING em of inform causes of des		no			3		Rac	hel Fish	ner 1065		AVO.
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re Pr especia			certify that I at	ended the	deceased fr	om 5-		Sh to S			at I last saw th
		deceased al	ive on 5-15	, 19 L	and that dec		red at 7	m., from th	e causes and		ate stated above
WRI e is			form 74	late	1	M. D.	2407	Clair	adea.	1	-25.52
SE W	24 TIC	A. BURIAL, CON, REMOVAL (S	pecify) a a				RY OR CREMATOR		CATION (City,	town, or co	ounty) (State)
A P	DA	ATE RECEIVED	5/29/S	S SIGNATIL	Mt Au	ourn	25. FUNERAL D	Balto .	Md.	AD	DRESS
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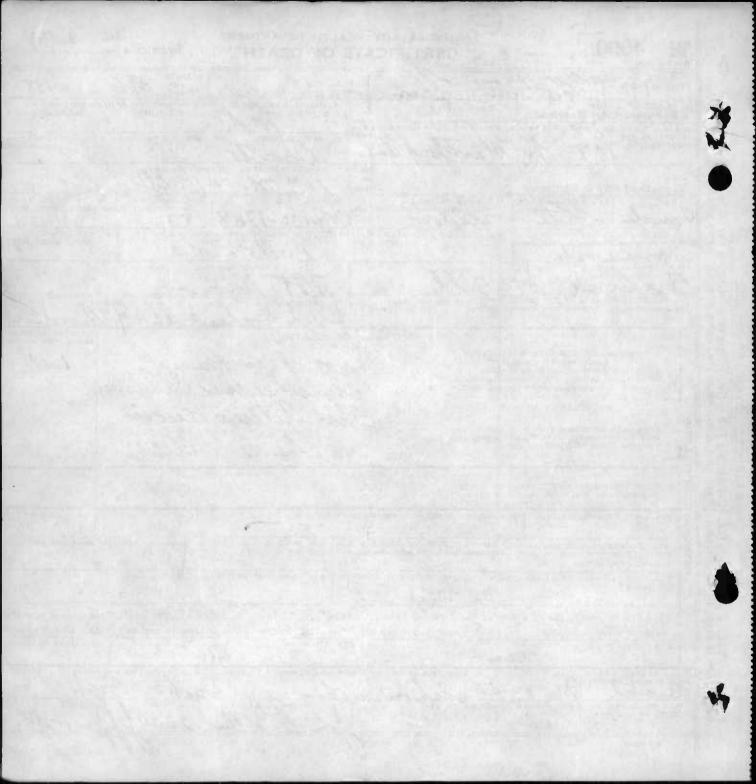
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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egistered No.	

- 11	IRTH NO.	CERTIFICAT	E OF DEATH	Tregistered 1.	
1. (T	NAME OF DECEASED ype or Print)	Phodes		OF DEATH 5-2	4-52
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If i	nstitution : residence before admission)
H	FULL NAME OF (If not in hospit ospital or istitution Balinere C	al or institution, give street address or location) ty Hospital Yrs.	Balto.	f outside corporate limits	write RURAL and give township)
o.	Length of stay in Baltimore	Mos. Days	204 N. STr10	ston St.	
5.	1a/e Color or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	706.13.1907	9. AGE (In years last birthday) Mor	Under 1 Year I Under 24 Hours thin.
worl	OA. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	WHAT COUNTRY
13 Table 15	Jim Phodes		Hattie	LNOSO	
o Ye	5. WAS DECEASED EVER IN U.S. ARMEI (If yes, give war or date) FORCES? 16. SOCIAL SECURITY NO.	ORCIN MOZIN		or en St
causes	18. E830.0.	CAUSE	OF DEATH		INTERVAL BETWEEN
CERTIFICATION	heart failure, asthenia, etc. It mes injury or complication which of ANTECEDENT CAUSE (A) DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	FANY, GIVING STATING THE CC)	luve of Sto liaphragmatic		
	19A. DATE OF OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year)	218. PLACE OF INJURY (e.g., about home, farm, factory, street, office bidg., (Hour) 21E INJURY OCCURR	etc.) INJETY OCCURTURE	ex offer	ive exact location)
11	OF INJURY May 1, 1952	m. WHILE AT NOT WHILE AT WORK	AJ	and was	Il by buck
especially	the evidence obtained by	ge of the remains described a said Autopsy, Inspection or resulted from: natural cause	Autopsy, Inquiry, find that said d	Inspection or Inquiry leeeased died on the	_ thereof and from e day stated above ndetermined □.
age 1s	23A. SIGNATURE,	PSW	238, CHIEF MEDICAL ASSISTANT MEDICAL 1.D. MEDICAL INVESTIGAT	EXAMINER 230	-25-52
di di	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	1952 NAME OF GEMETE	un Cem Ooi	OCATION (City, town,	89/01
D	ATE RECEIVED BY REGISTRAN	S SIGNATURE + WILLIAMS MIT	Me Katu R.	Williams.	Schwedy Si
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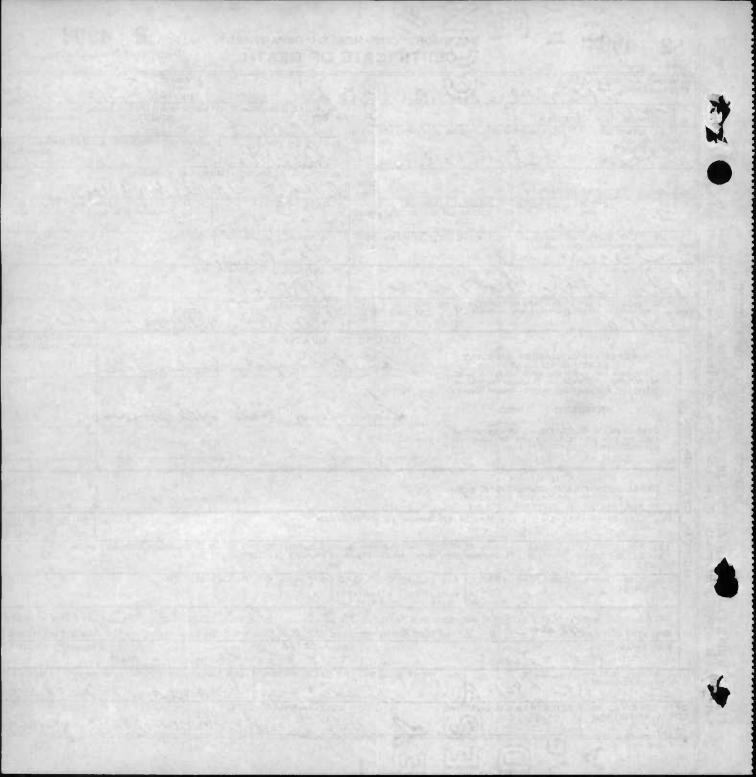
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	I i	16. "100/2	EALTH DEPARTMENT	Desister LNI
	BI	RTH NO. CERTIFICAT	E OF DEATH	Registered No.
	1. (T	NAME OF RECEASED Appelor Print) The many Billing Control	2 6	2. DATE 6-05-1060
		PLACE OF DEATH: Baltimore City, Maryland	4 USUAL RESIDENCE (Whe	re deceased lived. If institution: residence B. COUNTY before admission
1	В.	FULL NAME OF (If not in hospital or institution, give street address or	ma.	B. COUNTY Defore admission
	IN	OSPITAL OR location)	C. CITY OR TOWN (If our	side corporate limits, write RURAL and give
	0	27003 Today (wenter	Dalls.	1 - 1 3
0	c.	Length of stay in Baltimore S Yrs. Mos. Days	of STREET ADDRESS (If rur	Te P Clarol
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	work	A. USUAL OCCUPATION (Givekindof done dwire mott of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn eountry) 12. CITIZEN OF WHAT COUNTRY
	1/8	FATHER'S NAME	M MOTHER'S MAIDEN NAM	1 U.S. 14.
	4	The Court & Erevier	make	
	/15 (Yes	WAS DECEASED EVER IN A. S. ARMED FORCES? , no or nnknown) (If yes, give war or dates of service) SECURITY NO.	179INPORMANT	// ADDRESS
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3		430	OF DEATH	INTERVAL BETWEEN
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not	te Gonzection a	rdiae Failure.
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	CA	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g., i	n or 21c. WHERE DID (If in	YES NO Politimore City give event leasting
	EDIC	LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.,	etc.) INJURY OCCUR?	n Baltimore City, give exact location)
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY O	CCUR?
		m. WHILE AT NOT WHILE AT NOT WHILE AT WORK		
		22. I hereby certify that I attended the deceased from Ma	4 72, 190 × 10 Ma	7 25, 1952 that I last saw the
3		deceased alive on 25, 19 J and that death occur		
		in dred tempowalle M.D.	23B. ADDRESS Easten	23c. DATE SIGNED
0	24 TIO	A. BURIAL, CREMA: 24B. DATE N. BOMOVAL (Specify) A. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOC	ATION (City, town, or county) (State)
	D.	Dutal 5-28-1952 Hally to	sary Des	man Hell Fa
		CAL REGISTRAR	25. FUNERAL DIRECTOR	ADDRESS ADDRESS
	-	VS 150	y municipal	w. Soar Jueso



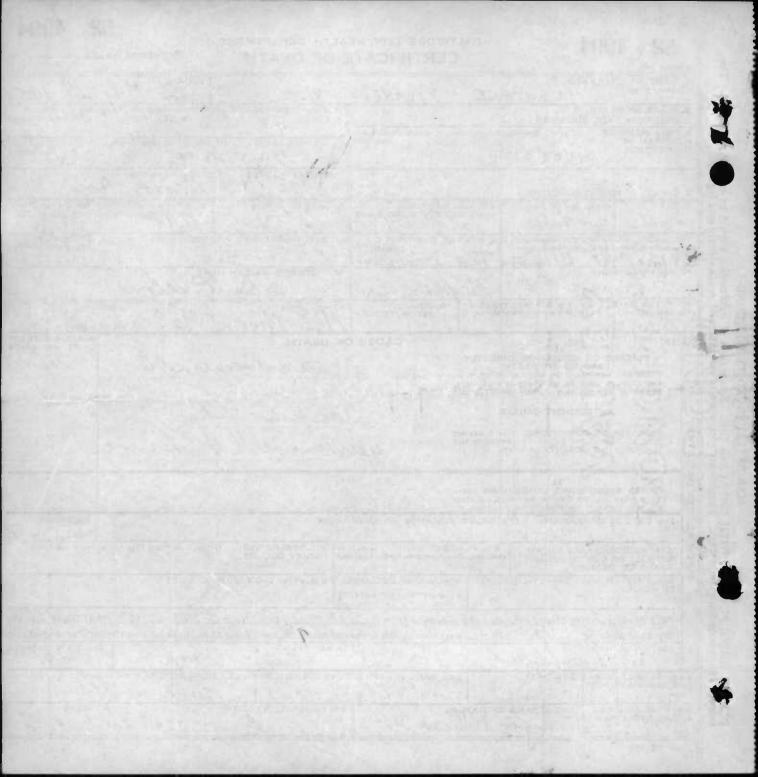
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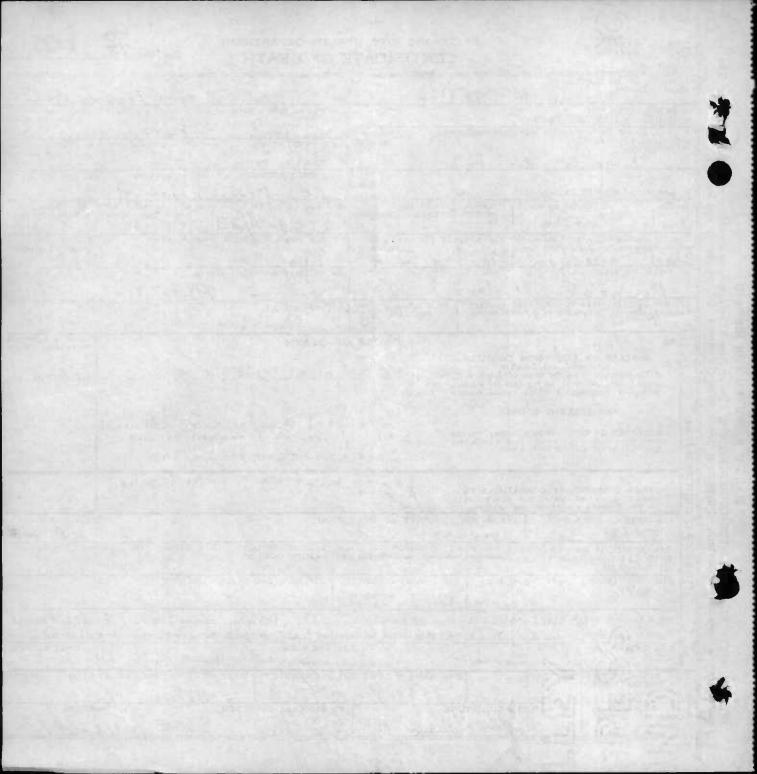
BALTIMORE CITY HEALTH DEPARTMENT

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Registered No			-	1

BIRTH NO.	4993		CERTIFICAT	E OF DEATH	Registered	No.
1. NAME OF (Type or Print	DECEASED PS				2. DATE OF DEATH 5-	25-52
3. PLACE OF A. Baltimore B. FULL NAM	City, Maryland 49		tern Ave.	4. USUAL RESIDENCE (W		f institution : residence beforc admissio
HOSPITAL OF	R	City 1	location)		-	its, write RURAL and g
c. Length of	f stay in Baltimore	Abo	ut 55 Yrs. Mos. Days	D. STREET ADDRESS (IF 3804 F	rural, give location) Oster Ave.	
5. SEX Female	6. COLOR OR RACE	WIDOW	E, MARRIED, /ED, DIVORCED (Specify) idowed	March 9, 1881	9. AGE (In years last birthday)	if Under 1 Year If Under 24 Ha Ionths: Days Hours Mi
ork done during me	OCCUPATION (Give kind of opt of working life, even if retired) Worke	Of the same	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTS
13. FATHER'S	NAME George Golembie	ski		14. MOTHER'S MAIDEN N.		
15. WAS DECE. (Yes, no or unknown	ASED EVER IN U.S. ARMED (If yes, give war or date)	FORCES1 of service)	16. SOCIAL SECURITY NO. 220-01-2850	17. INFORMANT Stella Szymanski	4-4	on St.
O RISE TO UNDER	SES OR CONDITIONS, IN THE ABOVE CAUSE (A) RLYING CONDITION LATER IN THE SIGNIFICANT CONDITIONS TO THE DEATH, BUT	STATING TAST.	HE DUE TO (C)			
19A. DATE	DISEASE OR CONDITION	CAUSING		RATION		
UNDERLY	ERNAL CAUSE WAS					
	ING OR CONTRIB.		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		If in Baltimore City,	
	CAUSE OF DEATH. (Month) (Day) (Year)			RED 21F. HOW DID INJUR		YES NO
the	CAUSE OF DEATH. (Month) (Day) (Year) rtify that I took char evidence obtained by	(Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK remains described of	above, held an Autopy,	Y OCCUR? Inspection or Inquire ceeused died on	yes No. give exact location) thereon and fruther day stated abo
the and	cause of death. (Month) (Day) (Year) rtify that I took char evidence obtained by death in my opinion	(Hour) m. rge of the said Aut resulted	arm, factory, street, office bldg 21E. INJURY OCCURR WHILE AT NOT WHILE WORK Temains described to opsy, Inspection or from: natural cause	above, held an Autops. Inquiry, find that said des accident , suicide 23B. CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGAT	Inspection or Inquiriceeased died on homicide , homicide , EXAMINER	thereon and from the day stated aboundetermined
the and 23A SIGN EMOVAL TION, REMOVAL Buris	CAUSE OF DEATH. (Month) (Day) (Year) rtify that I took char evidence obtained by death in my opinion NATURE CREMA- 248. DATE (Specify) 128	rge of the said Aut resulted	garm, factory, atreet, office bldg 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK remains described to opsy, Inspection or from: natural cause ALAC. NAME OF CEMETE Bacred Heart of	above, held an Autopy. Inquiry, find that said down accident , suicide 23B. CHIEF MEDICAL ASSISTANT MEDICAL ASSISTANT MEDICAL INVESTIGATERY OR CREMATORY 24D. L 24D. L 25B. CHIEF MEDICAL ASSISTANT MEDICAL ASSISTANT MEDICAL INVESTIGATERY OR CREMATORY 24D. L 25C. Jesus Com. 7401	Inspection or Inquiriceeased died on homicide , homicide , EXAMINER	thereon and from the day stated aboundetermined
the and 23A SIGN	CAUSE OF DEATH. (Month) (Day) (Year) rtify that I took char evidence obtained by death in my opinion NATURE CREMA- 248. DATE (Specify) WED BY REGISTRAR	rge of the said Aut resulted	garm, factory, atreet, office bldg 21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK remains described to opsy, Inspection or from: natural cause ALAC. NAME OF CEMETE Bacred Heart of	above, held an Autopa. Inquiry, find that said des Autopa. Autopa. Inquiry, find that said des Autopa. ADD. MEDICAL INVESTIGATERY OR CREMATORY 24D. L. 25. FUNERAL DRECTOR	Inspection or Inquiry ceeased died on homicide , homicide , EXAMINER	thereon and from the day stated aboundetermined

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BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No

2. DATE

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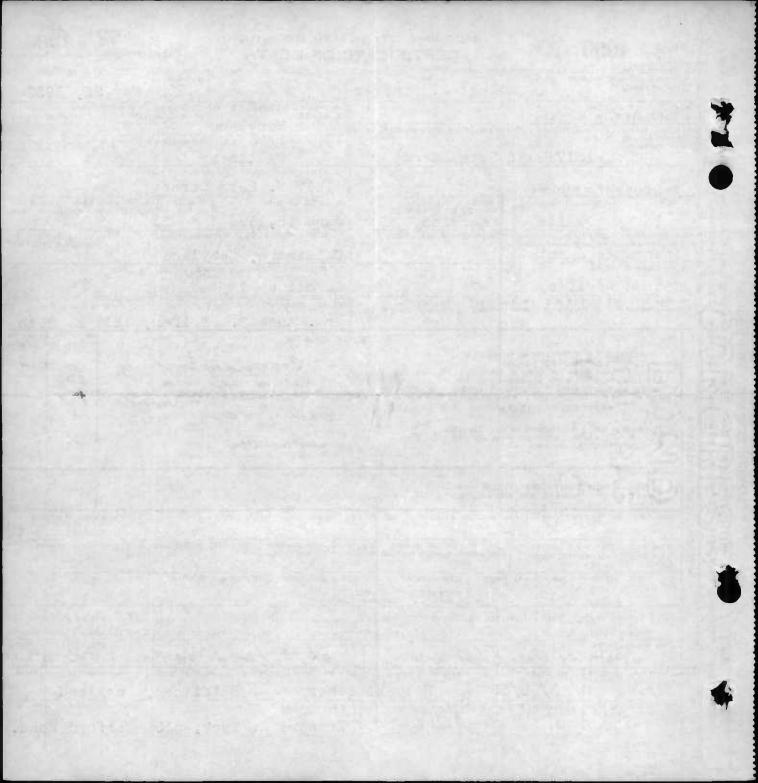
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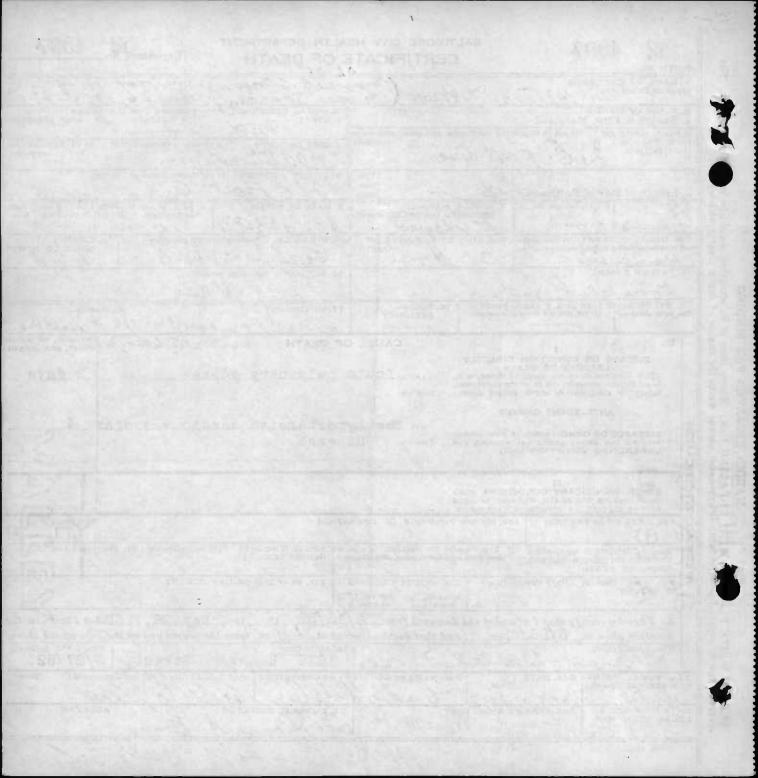
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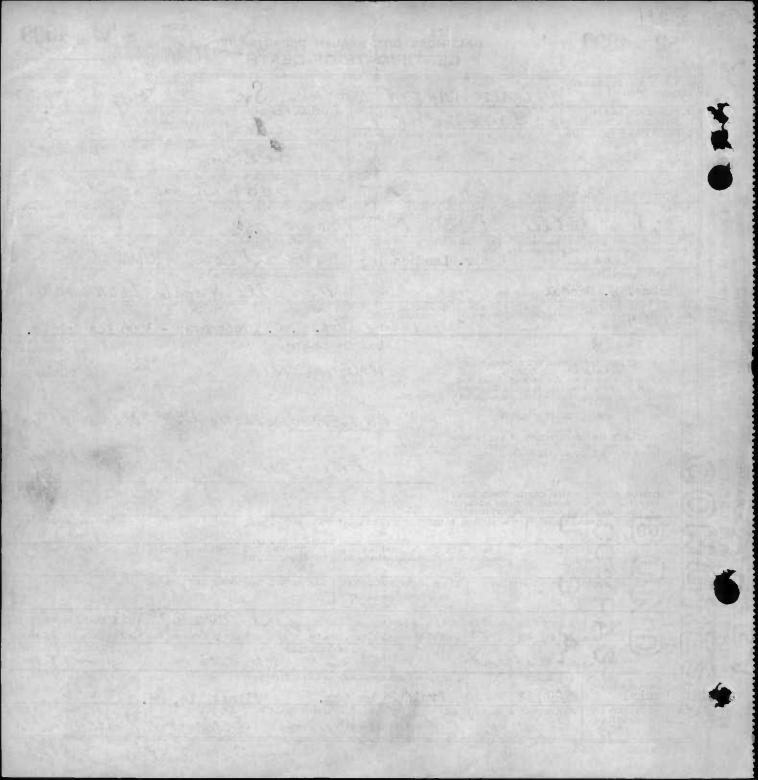
RESERVED

MARGIN

1. NAME OF DECEASED (Type or Print) OF August J. Pfeifer May 25, 1952 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 1617 East 29th Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1617 E. 29th Street c. Length of stay in Baltimore Dave 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years | | Under | Vear | | Under 24 Hours | last birthday) | Months; Days | Hours | Min. 7. SINGLE MARRIED WIDOWED, DIVORCED (Specify) information should male June 25,1898 white married 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Insurance Agent Baltimore, Naryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Conrad Pfeifer Caroline 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. of Mrs. Anna B. Pfeifer, 1617 INTERVAL BETWEEN CAUSE OF DEATH 480 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY alles herro LEADING TO DEATH
(This does not mean the mode of dying, e.g., 10 mess heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES UNFADING INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFICA (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CAL YES 218. PLACE OF INJURY (e. g., In or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK especia 22. I hereby certify that I attended the deceased from_ , 19___, to_ __, 19___, that I last saw the RITE is esp deceased alive on____ _. 19____ and that death occurred at_ _m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 5-21-52 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 5/28/52 Burial Holy Redeemer Baltimore, Maryland DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR untinglow Malles Leonard J. Ruck, 5305 Harford Road. VS 150







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. 160	C. C. C.

1. NAME OF DECEASED

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	5000
	5000
egistered No _	

2. DATE

(Type or	Print)	AZELB	. CONT	re				OF DEATH	5/27/	152
	E OF DE	ATH: ty, Maryland				. USUAL RESIDE	ENCE (WI			on: residence pefore admission)
The second secon	NAME O		ital or institutio	n, give street addr		mary	lans		12	
INSTITU	ITION	etheran	Varit	1	2ea	CITY OR TOWN	indi	/	limits, write i	RURAL and give township)
4	Re	and the same	7700		YYS D	STREET ADDRE		ural, give location	n)	(2)
c. Leng	th of sta	y in Baltimore			Mos. Days	2908 W	all	rooka	ol.	
5. SEX		COLOR OR RACI	7. SINGLE.		8	DATE OF BIRTH	-	9. AGE (În year	rs Il Under 1 Yes	ys Hours Min.
		W	Trus	ried	pecny/	10/19/13		38) Months Da	ys mours will.
10A. USU work done du	JAL OCC	UPATION (Give kind worklug life, even if retire	of 108. KIND	OF BUSINESS C		. BIRTHPLACE (S	State or for	eign country)		IZEN OF
	usu	wife		_		maryl	and		21.	1.4.
3	HER'S NA				14	MOTHER'S MA	IDEN NAI	ME		
	uis Wi	EVER IN U. S. ARM	ED FORGER			(?)				
(I ea, no or t	unknown)	(If yes, give war or da	tes of service)	16. SOCIAL SECURITY I	10.	. INFORMANT	1 4		ADDRESS	
18.	1/5				/	ishotes t	ouce		same	
	162			CAU	SE OF	DEATH				ERVAL BETWEEN
	1	OR CONDITION	ATH		Pin	hal 2	ans	lasers		1.00 (2)
he he	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,									
in.		complication which		DUE TO						1
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OL DI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO									
1 1 1 1 1 1	UNDERLYING CONDITION LAST.									
IFIC	_(C)									
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
	DATE OF	OPERATION	19B. MAJOR	FINDINGS OF	OPERAT	ION			2C	AUTOPSY?
D 21A	ACCIDEN	IT. SUICIDE,		E OF INJURY			OID (If	in Baltimore C		
L L	ICIDE	(Specify)		m, factory, street, office						
		lonth) (Day) (Yca	r) (Hour) 2	IE. INJURY OCC	URRED	21F. HOW DID	INJURY	OCCUR?		
OF II	YAULY				WHILE					
	herehu	certify that I a			5/	14 195	2 to .5	-/27	1952that	I last saw the
2. 11. 1 a		ve on 5/27		nd that death	occurre			/		stated above.
	SIGNATU		1.			ADDRESS	2/1	+1		DATE SIGNED
200	(1.	u. succe	warn	M. E	o. Z	COLLAND OF CHEN	245	CATION (C)	5/-	27/52 ty) (State)
TION, REM	RIAL, CR	ecity)				OR CREMATORY		CATION (City,	own, or count	(State)
	noval	BY I REGISTRAL	2 R'S SIGNATIUR	Mt.Calvary	Cem.	HUNERAL DIR	White	te Plains	ADDRE	ESS
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